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ORIGINAL COMMUNICATIONS.

SUGGESTIONS TO OXYGEN USERS.

BY SAMUEL S. WALLIAN, A.M., M.D.

IN the March and April numbers of THE MEDICAL BULLETIN for the current year, Professor Vanderbeck discussed enthusiastically concerning the use of oxygen in therapeutics. Since a larger part of the paper was made up of direct and duly accredited quotations from my published articles, it is a fair illustration of the fastidious unreasonableness of human nature when I confess that but for want of time I should have long since expressed a dissatisfaction—rather an unsatisfaction—with the doctor's effort.

Perhaps his paper has had the effect to awaken an interest in the subject in the minds of some readers who had not previously given it any thought, but it is unsatisfactory in that it does not attempt to add anything to our present stock of knowledge by way of personal experience with the remedy.

In these days of vigorous beating the bush for practical facts there is little time for mere compiling and reiteration of other men's ideas. The demands on the time of every active practitioner are such that he cannot afford to waste a moment in tracing theoretical corroborations, however attractive they may sound as literary efforts.

The incessant demand upon all who teach and write is for new facts and new applications and corroborations of old facts. "What is your point? What practical fact have you demonstrated, what unsettled theory verified, what foggy point cleared up?" This is the ordeal to which every effort must defer.

Dr. Vanderbeck's paper, in connection with other fugitive publications, has called out a considerable and increasing correspondence with reference to the clinical preparation and use of oxygen, to which it has been impracticable to make satisfactory response by personal replies.

The burden of inquiry is far more definite, and detailed directions to those who have recently begun, or are about to begin the experimental use of the treatment than has yet been published.

Fully conscious, that as regards the sphere of usefulness which this remedy may be made to fill, its limitations and possibilities as well, we yet know very little, I venture to occupy a brief space in an attempt to give to the profession such suggestions as have occurred to me during an experience with the agent which began nearly twenty years ago.

This revival of the use of oxygen and allied agents in medical practice bids fair to become quite general—perhaps to merge into a veritable craze. As a matter of course, much crude work will be done, and many ill-digested reports published. Even reliable and competent observers will fail of satisfactory results, on account of non-observance of some of the details of manipulation, which are a prerequisite of success. From personal experience I am convinced there will be more failures than successes.

As illustrated by observation and experience, I group the sources of failure as follows:—

1. Impure gases used.

2. Want of proper discretion in the selection of cases.

3. Injudicious exhibition.

4. Neglect to regulate the personal habits of patients.

5. Failure to enlist rational and necessary auxiliaries.

6. Want of due perseverance.

Under the first head, it is more difficult to detect the quality of gases than to test ordinary drugs. Practically, the sense of taste, and incidentally or negatively that of smell, are all that can be appealed to; and these are not at all times accurate or reliable guides.

The sources of impure gas are various. Either impure chemicals have been used, too high temperature has been permitted during the process, the washings have been insufficient, or the gas has been used too soon after making, and without having stood long enough over water.

On the score of pure chemicals too much stress cannot be laid. For generating oxygen pure chlorate costs twice as much as poor chlorate, and the crystalline, imported manganese costs four or five times as much as the ordinary and very impure American variety. But those who are conscientious, and satisfied only with the best attainable results, will not jeopardize their own success as well as the safety of their patients by a penny-wise and pound foolish economy in the matter of chemicals.

And here a word as to purchasing commercial gas compressed in cylinders. This article is now supplied by various houses, and is in demand chiefly for producing calcium lights, and for mechanical purposes. It cannot be expected that those who manufacture it on a large scale for these uses will observe any of the numerous precautions which are absolutely essential to the production of a product pure enough for medicinal use. In pharmacy we no longer tolerate crude drugs. Crude oxygen should be avoided with even more scrupulous care. When it must be used to cover emergencies, and until manufacturers will give unquestioned assurance of a thoroughly reliable product, it is far better to make one's own gas. Let those who feel compelled to use this ready-made article, see to it that prior to its exhibition to patients it shall be as thoroughly washed and purified as it would have been had they personally manufactured it.

Even when care is observed in procuring the best of chemicals it is quite possible to realize a very impure gas. Too great heat surely debases the quality of the product; chlorine is evolved, and, without the most thorough precautions, traces of it will force their way into the gasometer. The least taint of this gas, it is hardly necessary to say, is fatal to the best effects of oxygen. There is frequently a temptation, on account of other pressing cares, to hurry the process, as a consequence the quality of the gas is sure to suffer. On this point reiteration is not only excusable, but necessary. Very few experimenters are precise enough in observing the little details referred to, which are simple in themselves and yet vital to success; or, if they begin with the requisite thoroughness, they soon lapse into the practice of reprehensible negligence.

If the water in the meter-holders and wash-bottles is kept comparatively fresh, and the gas is allowed to stand for twelve or twenty-four hours before using, the water absorbs most of the impurities, and thus lessens the danger from this source. It is, therefore, a good precaution never to exhibit gas which has not stood twenty-four hours over water.

Nitrogen monoxide, now so extensively used as an adjuvant or synergist of oxygen, is also easily injured by excessive heat during the process of evolution.

The disengagement of gas begins at a temperature of 365° Fahr., the salt of ammonia used fusing at 329° Fahr. Above 365° Fahr. an increment of 5° to 15° Fahr. is all that is compatible with safety to the quality of the product. At and above 400° Fahr. dangerous elements are driven over, resulting in a gas unfit for any purpose.

It follows that both gases should be thoroughly washed.

For oxygen the wash bottles should be arranged thus: Two strong solutions of caustic soda or potash, or, still better, one of each, one of potassium permanganate—℥j ad. cong. j—and, finally, two or more bottles of pure water. If the latter be first boiled so much the better.

For purifying nitrogen monoxide substitute for the first caustic bottle a strong solution of ferrous sulphate, to which add at the rate of ℥j–℥ij of commercial sulphuric acid to the gallon. With this exception use the same arrangement as for oxygen.

By a watchful adjustment of all these conditions, and a prompt regulation of the heat whenever it approaches the danger point, rules for detecting which cannot be definitely stated, but which is promptly detected by the practised eye as well as the practised ear, it is quite feasible to make sure of gases of unquestionable purity, without which attained results, even in well selected and carefully treated cases, will never be wholly satisfactory.

Under the head of source of failure number two, it is impossible to summarize rigid rules. Here the best professional judgment is required, and the entire curriculum of the physician's education is drawn upon. But it is always an encouraging reflection that a majority of chronic ailments are both induced and aggravated by a want of proper oxygenation, and are almost invariably helped by a recourse to super-oxygenation.

Under the head of injudicious exhibition, the greatest liability is in the direction of overdoing the treatment. Both physician and patient are apt to become impatient for signs of immediate improvement. Yet I have known very intelligent practitioners to err in the opposite extreme, by withholding from a distressed and cyanotic asthmatic, or by giving such stingy quantities of diluted gas as would produce no appreciable amelioration, whereas there should be no restriction as to strength or quantity in such cases, short of positively relieving the patient.

The neglect to supervise the patient's habits and hygienic surroundings is by no means confined to examples of this treatment. It is a common and crying omission in a large proportion of medical practice, since a majority of physicians are inexcusably negligent in this respect. The stereotyped maxims need not here be repeated, but three cardinal points may be mentioned, in order that they may be emphasized:—

1. As a prerequisite to success in an oxygen course, see to it that your patients breathe. With this function better performed, one-half the ills which afflict mankind—especially womankind—would vanish into thin air. Banish corsets; substitute the "health-waist" instead. Do away with all restrictive clothing, and teach your patients the immeasurable value of thorough inflation of the lungs. Your efforts to relieve them of chronic ailments will fall still-born if you cannot make them breathe.

2. See to their diet. Not in that indefinite way so customary with physicians, by casually mentioning a few dietetic commonplaces—stereotyped phases that have come to mean no more than the average talk about the weather—but by a careful inquiry into details, and a thorough as well as generous adjustment of rules and conditions which will insure a regimen combining all essential food elements in due proportion, and at the same time be attractive and appetizing to the patient.

Many practitioners, otherwise careful and painstaking, fail in this particular. Every year further demonstrates the fact that hereafter the question of nutrition must occupy the foreground in every rational system of therapeutics. We do not question the assertion that without nutrition there is no life, but we fail to realize that to be but half nourished is to be but half alive.

In connection with an oxygen course, the question of proper and adequate nutrition is especially important, since tissue changes are inaugurated which require that ample supplies of reconstructive material shall be promptly at hand and in the best form for assimilation.

Remember, that imperfect and perverted nutrition is at the bottom of all wasting and degenerative diseases, and that it may be safely asserted that a majority of the race only half live because they are only half nourished.

3. Having properly regulated the breathing and feeding habits of your patients, do not forget the importance of the bath. Accelerated tissue changes involve increased waste, and this should be promptly removed and washed away. For this purpose a semi-weekly tepid, warm, or hot bath, according to individual conditions and preferences, with plenty of solvents and aromatics added—borax, ammonia, Cologne, Florida water, etc.—will add greatly to the progress of the case and the comfort of the patient.

With reference to the fifth source of failure cited, it is sufficient to barely revert to the subject. No rational aid is to be ignored. The day of hobbies has gone by. There are no specifics, but there are many aids. Let none of them be omitted. In many cases they are all essential.

Finally, as far as possible do away with the high-minded uneasiness to which so many patients yield long before they have had time to realize any marked or permanent benefits. Show them how unreasonable it is to expect

the long accumulated results of bad habits or bad surroundings should be undone and overcome in a day or a week. Teach them to be content with a slow but steady progress, though necessarily slow, but all the more surely thorough and permanent processes, whereby the diseased conditions are quietly removed and long lost health regained.

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ORTHOPÆDIC NOTES.

WITH REPORTS OF INTERESTING CASES TREATED AT THE SURGICAL INSTITUTE, N. E. CORNER OF BROAD AND ARCH STREETS, PHILADELPHIA, PA.

BY J. G. ALLEN, M.D.,
Surgeon in Charge.

[Concluded from January number.]

THE body is supported in such a way as to make pressure directly over the points of curvature. Extension can be made upon the entire spinal column by elevating the head-rest *A* and lowering the seat *E*.

The form of mechanical support to be worn is a matter of great interest and importance. It must be varied and adjusted to suit each individual case, and should be such as can be frequently and readily altered and readjusted as the case progresses and changes under treatment. This must be done in order not only to secure and retain what is gained, but also to keep up the progress of the treatment; otherwise no apparatus for spinal support is of much value in lateral curvature.

Barwell's elastic rubber belts—his "loin," "oblique," and "spiral bandages"—are ingenious, but can only be useful in the earliest stages and mildest cases. The plaster-of-Paris jacket and all its substitutes of "poro-felt" or "perforated leather," etc., are alike wholly inapplicable to cases of lateral curvature. They make compression equally in all directions, whereas the indications are for pressure in certain definite and special directions only. They could not be borne or worn at all, if actually applied so tightly as to really retain the thoracic walls firmly and rigidly in the position which they assume during the suspension usually practised whilst they are being applied. The practical result therefore is, that there is ample room left for the spine to resume and maintain its distorted position in any of these jackets. Yet they are tight enough to so limit and restrict the action of the spinal and thoracic muscles as to seriously interrupt their normal activity and render futile any effort to restore their lost equilibrium or renew their general vigor by exercise, which are points of the utmost importance in the treatment of all cases of central origin.

The whole brood of "jackets" should therefore be utterly and absolutely discarded in all cases of lateral curvature; besides being heavy, clumsy, and every way uncomfortable, they are always just tight enough for injury and just too loose for utility. Pressure is permissible at a few points only, and these points of pressure must be such as will tend to correct the deformity by pressing, drawing, and holding the body in a more correct position.

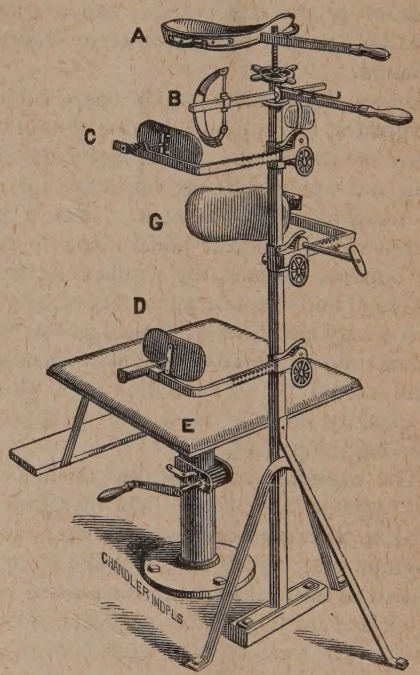
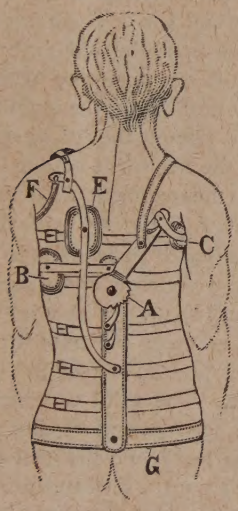


FIG. 11.

The common form of steel spinal instrument, with adjustable spring pads, or bearings, at the proper points, will often be sufficient. A ratchet joint, *A*, in the steel back strap, Fig. 12, is sometimes more efficacious in cases where the tendency to rotation is slight or absent. Cases originating from pelvic obliquity will always need a leg attachment to the brace here outlined. The few cases originating from unequal length of the legs, must be corrected by a leg-brace extension or some form of extension to the shoe.

In marked contrast with lateral curvature, the pathology of Angular Curvature is universally and definitely accepted, at least as far as relates to the actual morbid condition of the vertebra. Its etiology is, however, a disputed point. Many authorities regard the disease as always of tubercular origin; a few others ascribe it to an inflammatory process, originating from traumatism. Although a few cases are undoubtedly of tubercular origin, this cannot be true of the great majority, as the general curability of the disease and the frequent spontaneous recovery of the general health even in neglected cases, *albeit* with great deformities, is utterly

FIG. 12.



In Fig. 12 is depicted a brace for Lateral Curvature. *C* is a padded inverted steel arch, passing under the arm-pit, regulated by the ratchet joint, *A*, so as to elevate the low shoulder. *B* and *E* are adjustable pads, pressing upon the projecting points, of the elevated side and shoulder, at points over the greatest convexity of curvature. *G* is a steel band fitted around the hips to fix and support the apparatus. The marks [-] are merely elastic tape straps holding in place an apron of open meshed cloth fitting across the chest and abdomen.

at variance with clinical experience in regard to tubercular disease in all other cases.

Moreover, I have made diligent search for the "bacilli tuberculosis" in the pus from five cases of Pott's disease, complicated with abscess, finding them in but one, and that was a case in which death ensued in a public hospital.

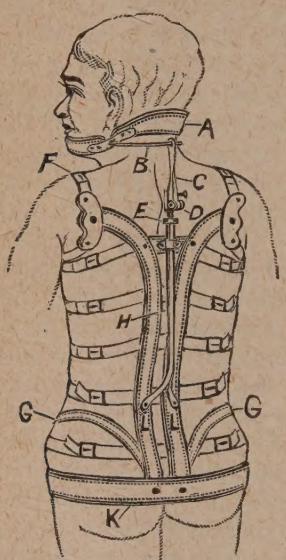
From some cause an inflammatory process is established, which results in destruction and absorption of certain of the intervertebral cartilages, and the more or less complete destruction of the spongy cancellated bodies of the adjoining vertebra, whilst the harder posterior portions of the vertebra remain intact.

The weight of the body speedily causes a forward tilt, the spines become more prominent at the diseased point, and a more or less acute angular curvature results. The angular projection of the spine is very generally directly backward; cases, however, are occasionally seen in which the body is also strongly thrown over to one side or the other, thus making a compound forward and lateral curvature, by which the spinal column is sometimes so twisted as not only to make one shoulder higher than the other, but also anterior to the other, so that in walking there is an awkward appearance, as though the thorax was progressing in some degree sidewise. This is caused by one side of some of the vertebral bodies becoming more rapidly broken down than the other, together with a necrosis and giving way of some of the spinal arches and facets upon that side.

A very early diagnosis of Pott's disease is a matter of the utmost importance, for, if the proper treatment is very early adopted, the disease can be almost certainly cured, and, in many instances, so perfectly cured that practically no deformity results, such a mere trace of the disease only remaining as to require a very careful examination of the spine to detect it. The stature, however, even in these most favorable cases seems always to be somewhat diminished. The difficulties of an early diagnosis are not great. Aching pains through the sides and anterior portions of the body nearly opposite to or in front of the diseased vertebra, in connection with a loss of the usual ability to lean forward or stoop, are the earliest symptoms; and the fact that assuming these positions is awkwardly performed and increases these pains, and that similar pains are occasioned by slight jerks or jolts of the body in riding, walking, or by slight missteps, or that there is a disposition to lean the body forward to seek for support from the hands, or even to rest the chin against a chair, or table, are points of such universal occurrence that they can scarcely be overlooked, and of such positive significance as to demand an immediate and careful examination of the spine for the earliest traces of disease or commencing deformity. If as yet no further evidence of Pott's disease can be positively discovered, at least perpetual watchfulness should be instituted, and repeated examinations should be made, so that not one hour may be lost in applying the proper remedy should vertebral disease become manifest.

The pains just spoken of are peripheral manifestations of irritation near the roots of the spinal nerves as they emerge from the spinal foramen of the diseased vertebra. Unfortunately they are generally accounted for and covered under the broad mantle of neuralgia, rheumatism, etc.; but the fact of their distinct increase by exercise, stooping, missteps, etc., or their distinct connection with an impaired motion of the spine, will generally enable the surgeon to decide upon their origin, and eliminate the almost universal error as to their alleged neuralgic or rheumatic origin.

FIG. 13.



In Fig. 13 is depicted a brace for Angular Curvature. *K* and *G* are the steel hip bands on which the brace rests. *L L* represent the steel splint supports for the spine. *H* the padded points either side of the diseased vertebra. *F* the straps to hold the shoulders back. *A* represents the head rest, and *B* and *C* the steel rods by which it is attached to the other portions of the brace. *E* and *D* are screw arrangements for elevating and regulating the height and pitch of the head rest. The whole is upon an ingenious double joint, which admits both of rotation and rocking the head backward and forward. The marks [-] are merely elastic tape straps, holding an apron of open meshed cloth firmly against the chest and abdomen.

Thus a positive diagnosis can very often be made in the very incipiency of the disease and treatment be instituted before any angular deformity is manifested. There is quite universally a clear and positive manifestation of the above symptoms for a considerable time before the occurrence of the angular deformity, the elevation of the shoulder and the peculiar gait, so graphically depicted and described by nearly all surgical authors as important points in making the diagnosis. A good knowledge of the anatomy and distribution of the spinal nerves will almost enable the surgeon to locate the vertebra affected from the pain manifested at the peripheral extremities of the spinal nerves.

In the matter of treatment, constitutional remedies, general or special tonics should not be omitted, and a few neglected cases may occasionally require for a time absolute rest in the recumbent position; but the grand remedy either early or late in the disease, is such mechanical support as will effectually relieve the bodies of the vertebra of a large part of the weight that usually falls upon them. Several devices are well known and frequently used for this purpose; perhaps the most commonly used, and worst of all, is the "plaster jacket" and its substitutes of perforated leather and felt. These are undoubtedly improvements upon the old crutch apparatus, by which futile attempts were made to hold up the spine by pushing up the shoulders, but for many evident reasons they prove quite as unsatisfactory in the treatment of angular curvature as they are in the treatment of lateral curvature.* A steel splint, *L L*, Fig. 13, applied to the spine, with nicely adjusted pads, *H*, one on each side of the diseased vertebra, and straps, *F*, to hold the thorax and shoulders back and prevent the weight falling upon the anterior portions of the vertebral bodies, is perhaps the very best arrangement. The solid vertebral facets thus become the fulcrum and resting point for the weight of the body, and the steel splints are the levers to hold it up. This apparatus is light and effective, is not oppressive to wear in warm weather, is easily removed whenever changing and renewal of the clothing is necessary, and above all does not interfere with the respiratory movements of the thorax. It supports the spine almost perfectly, when properly adjusted, but, like all other orthopædic appliances, requires continual watching, and occasional readjusting and tightening, in order to get the best results. These little attentions, however, are easily fulfilled, and require but little time after the brace is once properly fitted. Where a support for the head is required, the old-fashioned "jury mast" device—an unsightly, rickety concern, extending over the top of the head like a gallows, to which the head is literally swung—should be utterly discarded, and the steady "head rest," depicted in Fig. 13, substituted therefor. The head rest is infinitely less conspicuous, permits of the wearing of an ordinary head dress,—any form of hat or

* See page 310.

bonnet,—and, above all, performs its functions perfectly and well, which the "jury-mast," —literally a gallows—does not do. This head rest has been known and used for many years past, and it is simply amazing that prominent surgeons should have so long neglected to recognize its merits, or even to become acquainted with its existence.

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*OBSTETRICAL EXPERIENCES WITH OBSERVATIONS.**

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I PUBLISHED in the Obstetrical Journal of Great Britain and Ireland, June, 1879, an analysis of 1785 consecutive labors attended by me since December, 1866. I now supplement this list by an additional number of cases, arranged in same form, so that two periods of practice may be compared.

The tables shown on page 314 represent two periods of practice. I purpose to make a few observations on the use of the forceps, craniotomy, mortality, antisepsis, and other points arising in connection with these tables.

1. *The Forceps.*—I use only one kind of forceps, I believe, a Ramsbotham, being of the opinion of the late Mr. Bailey, of Thetford, that if the child is low you can deliver with these forceps; if the child is up a little higher, you have nothing to do but push the forceps up a little higher. I have had them since 1866, and used them in all classes of cases, in high and low operations, and when the os has not been fully dilated, without bad results. As a rule I apply the upper blade first; the patient lying in the left lateral reclining position, the position *par excellence* for labor. The number of forceps cases will at once strike the eye, and it will also be remarked that I have inserted the nationality of my patients. Whether as a rule the Celtic pelvis is straighter or narrower than the English, or whether Celtic crania are larger than English at birth, I have not sufficient data to determine; but I have found out in my practice that my Irish patients required more aid from art than English ones, and that the application of the forceps were more frequently demanded. Thus on 1240 English patients in table A, the forceps were applied thirteen times, one in ninety-five; whilst on 545 Irish they were applied thirty-nine times, one in thirteen. In table B I used the forceps sixty-three times, once in twenty-six times. This may seem a large number of applications of these instruments, but when we consider the number of labors concluded naturally, the proportion is not excessive. I am conservative, but recognizing the advantages of a timely application of the forceps, I have with increased experience used them more frequently in the second than in the first group. In reference to after results to mother and child, I am able to report favorably. I have attended the same women in different labors, and have from time to time seen the children I have delivered with the forceps, so that I can speak on this point. For instance, on December 10, 1866, I attended Mrs. C—, Southowram Bank, delivering her, with the forceps, of a girl. I attended this girl on several occasions, saw her grow up to womanhood, and delivered her of a male child with the same pair of forceps on October 10, 22, 1885, the mother of the girl being present at the time of birth. The pressure of the forceps has in no case, that I could trace, caused idiocy, epilepsy, or any form of insanity.

2. *Craniotomy.*—I am convinced craniotomy is too frequently performed, and that the long forceps and turning can very frequently obviate an appeal to this sacrificial art. I can illustrate this by a few cases.

Mrs. H— in her first confinement had craniotomy performed without a consultation by a medical practitioner, the head being subsequently delivered with the long forceps. This woman has now three living children delivered by me with the long forceps. She will always require the forceps.

Mrs. B—, delivered by me in four confinements, including the first, with long forceps. I was away from home in one confinement; craniotomy was performed by the unqualified assistant of another practitioner. The craniotomies I have assisted at have been caused by delay, the children being dead when I was called in. By version I have delivered women who have previously had their children craniotomized. I would emphasise the necessity of the teachers of midwifery laying down stringent rules on this operation, and impressing on students the great gravity of this operation. Cra-

* Paper contributed to Section of Obstetrics, Brighton Meeting British Medical Association, 1886.

niotomy should never be performed without a consultation. It is a crime to do it with the scissors, as I have known it done. Alternatives to this operation have been treated of in the section, and I hope we are near the dawning of a new era; that we may, using the words of Dr. Barnes, "erect a scientific frontier against craniotomy."

3. *Mortality.*—In the first group the mortality is one in 162. In the second group one in 333, a result easily to be explained. The first group represents a practice amongst a laboring population, who were unable to regard the best laws of sanitation, and whose surroundings were unfavorable to recovery. The second group represents a better class of patients, who lived in better houses, and who were able to have all the advantages which spring from better houses, better food, cleanliness, and all those concomitants which promote health.

Dividing the cases I find there have been 373 since 1869, in the Halifax Maternity, at the workhouse, amongst which there have been only two deaths; one Eliza C—, reported in Obstetric Journal, November, 1878, died from septicæmia, the other reported in THE MEDICAL BULLETIN, March, 1885, after Cæsarean section. I may here direct attention to the paper published by Dr. Mouat (International Medical Congress, 1881, Transactions, vol. iv., p. 392) on "Maternal Mortality in Workhouses." "In 373 of the provincial workhouses," says Dr. Mouat, "and five of those in the metropolis, representing 25,198 accouchements, there was not a single death in a decade. In 135 others, two of which were in

TABLE A.—1785 CASES.

PRESENTATIONS.						MODE OF DELIVERY.				COMPLICATIONS.				DEATHS.		SEX.		TWINS.	NATIONAL.	
Head.	Breech.	Feet.	Face.	Arm.	Placenta.	Natural.	Forceps.	Version.	Craniotomy.	Septicæmia.	Adherent Placenta.	Post-Part. Hemorrhage.	Convulsions.	Mother.	Child.	Male.	Female.		English.	Irish.
1720	35	15	5	4	6	1711	52	16	6	2	7	3	5	11	26	936	861	13	1240	545
	1 in 50	1 in 119	1 in 357	1 in 446	1 in 297		1 in 34	1 in 111	1 in 297	1 in 892	1 in 255	1 in 595	1 in 357	1 in 162	1 in 68					

TABLE B.—1668 CASES.

PRESENTATIONS.						MODE OF DELIVERY.				COMPLICATIONS.				DEATHS.		SEX.		TWINS.	NATIONAL.	
Head.	Breech.	Feet.	Face.	Arm.	Placenta Prævia.	Natural.	Forceps.	Version.	Cæsarean Section.	Adherent Placenta.	Post-Part. Hemorrhage.	Convulsions.	Septicæmia.	Mother.	Child.	Male.	Female.		English.	Irish.
1612	26	17	2	8	3	1590	63	14	1	7	2	3	0	5	23	864	813	9	1370	298
	1 in 64	1 in 98	1 in 834	1 in 208	1 in 556		1 in 26	1 in 119		1 in 238	1 in 834	1 in 556		1 in 333	1 in 72					

the metropolis, there was one death in each, 13,110 deliveries in all." The cause of this favorable result, in such a very unfavorable class, appears to me to be in small wards, only used intermittently, supplemented by cleanliness; and here I may speak on antisepsis.

4. *Antisepsis.*—I think we have got over the day when it would be considered a heresy to question the use of the spray. My patients have not been delivered under the spray, nor are they irrigated in the manner suggested by many eminent authorities. I hold it to be impossible in ordinary practice to guard against germs. I hold it to be unnecessary to inject every woman with perchloride of mercury or any other antiseptic in every labor case. By all this manipulation we are encouraging meddlesome midwifery, and sacrificing the greatest factor towards recovery, physiological rest. I have perfect faith in the theory of microbes, and am convinced of the necessity of occasionally resorting to vaginal injections, which should be given by the obstetrician himself; but I strongly protest against all the newer theories and practices with which we are threatened. I hold that absolute cleanliness is a sufficient safeguard, and as we can obtain such results in our workhouses and private practice as those given, I see no reason why we should change.

For antisepticism gone mad, I refer to a a paper published in October, 1880, in the Boston Medical and Surgical Journal. It contained an article on "Antiseptics in Gynæcology," with full directions for their use in obstetrics, to prevent puerperal fever by destroying poison-germs which might be introduced by the doctor or nurse. "At the beginning of labor the patient should have a hip-bath, the hair should be cut away from the genitals, the vagina and vulva should be washed with soap and disinfected with carbolic acid. During labor every examination should be preceded by a vaginal injection of a three per cent. carbolic solution, to prevent the examining finger carrying germs lodged at the vulva or in the vagina up to the uterus (which is about to be more or less lacerated). After delivery, the uterus should be regarded an important wound, which may heal by first intention, or in which the secretions may stagnate, become putrid, and be absorbed."

5. *The Treatment of the Placenta.*—The placenta is, as a rule, expelled without assistance. I have usually grasped the uterus, not to express the placenta, but to satisfy myself as to the contractile power of the organ. A tired muscle cannot do its work. When nerve force is exploded an organ requires rest to regain its tone. Expression represents force, and I have only resorted to it when uterine inertia, hemorrhage, or some other cause indicated that it was desirable to empty the uterus. Simple pressure is a useful adjuvant for this purpose.

6. *The Perineum.*—I am not an advocate for supporting the perineum as I believe much harm may be thereby done. I have seen but two cases of rupture of the perineum; one occurred in my own practice. The bed on which my patient was lying gave way while the long forceps were on, and the instruments tore through the sphincter. The woman made a good recovery. She had three children subsequently. In another case the forceps were used by a practitioner who was in a hurry. Both cases occurred as far back as 1876, when operations on the perineum were not in vogue so much as they are now. I have saved, I think, many a rupture by delaying delivery by pressing the head back and breaking the force of the pains, my fingers introduced acting as a buffer.

7. *Heart Disease in Pregnancy.*—The existence of heart disease in pregnancy forms a complication of a certain amount of gravity. One case I may particularly notice. A lady with mitral disease who had been attended by me in three confinements, during an absence from home, consulted a physician who not only advised her, but instructed her how to prevent conception, telling her she would die if she had another child. For five years she carried out his instructions, but at last, through some inattention to details, she became pregnant. She consulted me; I advised her to make her mind easy and to go on to full time; but not satisfied we consulted Dr. W. Playfair, who agreed with my advice. I delivered her with the long forceps at full time of a fine child, now living. The mother made an excellent recovery. I am of opinion that in all forms of heart disease it is better to wait and then expedite the delivery by version or the forceps. This I think should be the rule, making due allowance for exceptions.

In conclusion, I may say I have, in the desire to be brief, omitted reference to many practical points which spring from this paper, as laceration of the cervix, puerperal convul-

sions, placenta prævia. It deals with rather a prosaic subject, and after listening to so many papers dealing with operative procedures and rare forms of midwifery complications, it may seem rather commonplace, but after all I think that the useful routine of daily practice indulged in by thousands of medical men all over England possesses some degree of interest. This contribution illustrates the work of the general practitioner: it differs from the practice of the schools, because in the latter the student has to be taught, and all the newer methods have to be explained. In our practice we have to be self-reliant, to be prompt in action, to accommodate ourselves to our surroundings, to be content with nurses of varied attainments not always of the highest character, and in other ways to have "to labor" under difficulties.

The role of accoucheur, then, though it may not be so brilliant, yet withal it may be useful, and though we may not gain such a degree of praise as falls to the lot of the operative gynæcologist, yet it is something to be rewarded by the mother's smile and the father's thankfulness, when we have completed a process which has, from the earliest days, ever been regarded as a period of peril. We can never rob it of its dangers; we have to receive "a poor spark snatched up from a failing lamp, which went out therefor." In too many cases the weight of maternity is too great, and as Elizabeth Barrett Browning describes "Aurora Leigh's Mother," so we have to attend such mothers.

> "She was weak and frail;
> She could not bear the joy of giving life;
> The mother's rapture slew her."

We can reduce our mortality down to a lower degree, but we cannot overcome qualities inherent in the mother. How we may render the process safe appears to me to depend on adhering to some of those laws which were laid down by some of the older obstetricians, and foremost among these is a reliance on nature, "more wise than we are," as Madam Bovin says.

A CASE OF PARESIS OF THE BOWELS.

BY J. E. HOFFMAN, M.D.

ON the 28th of March, 1886, I was summoned to the bedside of a woman who, it was supposed, was in a dying condition. I found her suffering intense pain in the bowels, also vomiting fecal matter. On making an examination, I found the transverse colon very much distended with hardened fecal matter. My patient being in a very precarious condition, I was as brief as possible in my examination. Being informed that her bowels had not moved for three weeks, I immediately ordered an ointment composed of—

℞. Belladonna ext. . . . 3j.
Adeps . . . . . 3vij.

To be applied over the entire abdomen.

Internally, I ordered ½ gtt. pills of oleum tiglii every two hours. After a lapse of six hours, patient had two copious evacuations of black, fetid matter. I then allowed her to take an occasional milk punch. When I called the next day, I made a very thorough examination into the history of the case, and learned that she did not have a regular movement for twenty years; had constantly been under medical treatment, and had exhausted every known means in the way of medicine, and finally resorted to the fountain syringe, daily washing out the bowel. At the time of my being called, even this procedure had failed also. I asked her if she had any trouble with the head and spine, at first she said no, but after continuing in my examination, I found that she had suffered from hysteria, and that the entire lower half of her spine was extremely sensitive to pressure. Upon examination of the abdominal organs, the liver and spleen were ascertained to be very much enlarged. I proposed a course of electricity, employing the faradic current, placing the positive electrode over the ileo-cæcal valve, and with the negative passing over each portion of the bowel down to the sigmoid flexure; each sitting lasting from twenty minutes to half an hour.

After continuing in this way for about three weeks, I reversed my treatment, using a rectal electrode (negative) for the bowel, and passing the positive along the spine and over the abdomen. A marked improvement has since taken place in the patient's condition. Not only do her bowels move naturally, but her liver and spleen are very much reduced in size, and she has gained several pounds in weight.

31 GARDEN STREET, POUGHKEEPSIE, N. Y.

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SELECTED ARTICLES.

*THE TREATMENT OF CONSTIPATION.**

BY HENRY M. FIELD, M.D.

THE physiological resources—or, better still, the resources answering to physiological indication—which the physician has at his command for the relief and cure of chronic constipation, may, for the purposes of analysis and classification, be referred to three subdivisions.

First.—Chronic constipation is quite often habitual constipation, and is to be most effectually combated by habitual and systematic attention to the demands of nature in a periodic evacuation of the bowels. Success along this line involves exceptional intelligence and resolution and confidence on the part of the patient. The poet Cowper has well expressed the difference of task in the formation of a habit and reformation in the stanza—

> "Habits are soon assumed; but when we strive
> To strip them, 'tis being flayed alive!"

It is far easier to swallow an occasional or a frequent pill than it is to adopt the system required for the removal of a bad habit in respect of constipation, and the patient, whose interest and confidence can be enlisted at first, too often loses faith in herself or the system, and, indeed, in the doctor. The young woman who has been so badly trained in her maternal home—and cases of this kind, throughout our best families even, are innumerable—that she has no other notion of the natural functions of the bowels than that response is to be made only to an emphatic call, an experience which may happen once in three or four days, or once a week, or less often, and who receives as a new revelation the statement of her physician that there should be alvine evacuation daily, at a regular hour, and the most rigid system observed in this particular, has no light occupation before her in an effort to inaugurate reform after so many years of inattention and irregularity. But such task has been repeatedly accomplished upon the condition of a fairly good constitution, of certain measures chiefly dietetic and hygienic of help, and of determined perseverance; and constipation thus cured is effectually and permanently cured.

The patient is to be instructed to select that hour of the day best in consonance with previous habits and least liable to interruption,* and invariably, as the hour comes round, to make an effort at stool, even though there be no solicitation, and notwithstanding there should be frequent non-success. So inevitably is man the creature of habit in every realm of his being, that the patient who invariably and resolutely attempts to perform any physiological function at a stated hour every day, will very surely, after a time, carry out his purpose; and the more especially in the present instance, if he have every assistance from a carefully adapted regimen. Of course, any physiological law whatever must have intelligent interpretation; and allowance must be made for occasional departure from the usual standard. There are patients who have excellent health upon the basis of a regular movement of the bowels once in forty-eight hours; and my preceptor, Dr. Peaslee, used to report the case, observed in one of his families where both husband and wife, then arrived at old age, had each been accustomed for many years, if not through life, to evacuate the bowels only once in nine days! It is the principle of regularity that is to be insisted upon; and a single occasion of failure or neglect, in an individual whose bad habit of constipation had been largely corrected, may cause a serious relapse into the old and depraved method, or lack of method, of life.

Details can hardly be expected from a paper which is confessedly but fragmentary and suggestive; it is to be understood that the regimen which is to assist the patient in the formation of a new habit, shall receive the largest construction, and be the object of a special application in every case. Whatever best offers assistance, whether from the department of hygiene or dietetics, is to be laid under contribution. Such appliances as the electric battery, the electric belt, localized massage, kneading of the bowels, etc., have a high and, indeed, an essential value in some instances.

But all cases of habitual constipation, as already intimated, are not susceptible of cure by the scheme of the formation of a new and correct habit; and this for various reasons; prob-

* Read before the Gynæcological Society of Boston, May 20, 1886.

* The hour best in consonance with previous habits, etc. Not necessarily at early morning hour, although such is doubtless the hour observed by the majority of those who have established a habit of regularity. A short-sighted effect to force a particular hour upon a patient, who had individual reasons for the selection of some other period of the day, has been sufficient to bring discouragement and failure in some instances known to the writer.

ably those cured and capable of cure, at least as found in adult life, are quite exceptional. The patient cannot and will not persevere in the necessary effort; the bowels, long unused to over-distension and torpor, will not respond to the most positive and alimentive stimuli; help must be had from medicine and this medicine drawn from the class of cathartics. What is a cathartic? I have frequently found occasion to say that the definition of anything pertaining to special therapeutics must squarely meet three conditions, if it is to be depended upon to convey the requisite information: It must be intelligible and concise and comprehensive. Judged by such standard, I know not where in any of all the books devoted to therapeutics, we shall find a satisfactory definition of cathartic. Fothergill approaches the requirement of the case, and yet his terms are not quite free from fault. The following, therefore, is proposed for approval or criticism: A cathartic is an agent or agency which increases both peristalsis and intestinal secretion—either element of action, ordinarily, being prominent according to the material used—with result of provoking preternaturally free and frequent evacuation of the bowels.

There is no need to remind you of recent physiological experiments which have established the fact that every agent which acts cathartically, even though the influence be of that mild degree recognized as laxative, does so by procuring both hypersecretion and increase of contractility. One agent acts chiefly on the glandular structure and the stools will be watery; another acts mostly through energized peristalsis, and the dejections are feculent, as with Epsom salts in the former case, and senna and aloes in the latter. There is one purgative, and perhaps only one, catharsis, from which appears to present equivalent of action, viz., castor oil; a consideration which, together with the conjoined fact of nearly equable distribution of influence throughout the entire intestinal tract, renders this offensive medicament too often essential to the physician. With an occasional laxative in an occasional subject, energized contractility may be so little pronounced that the serous effusion evoked may remain in the bowel—unless reabsorbed—until some peristaltic is administered to procure its evacuation. But none the less is it true physiologically that the two elements specified always inhere to cathartic medication, and, in variable degrees, are always present in the operation of a cathartic remedy; and the recognition of this principle is essential to the successful employment of this class of materials.

Again, cathartics vary materially in their action regionally considered; *e.g.*, senna acts chiefly on the small intestines, and aloes on the lower bowel. Some, like jalap, and especially elaterium, act so high up as frequently to involve the stomach in the irritation produced, and occasion nausea and even vomiting. It should be borne in mind that the selection of a cathartic, with respect of its operation cathartically upon the small or the large bowels, must have a very important bearing upon the alimentation and nutrition of the patient; for a cathartic which acts energetically upon the upper bowel and so sweeps it of nutritive material upon which the energies of digestion have been already expended, and which is *in situ* and in process of and for assimilation, depresses the patient far more seriously than does the emetic, which simply evacuates the stomach of undigested or indigestible food; while, *per contra*, the other purgative, which gives its force only to the larger bowel, can bring away little more than residual and excrementitious matter.

Still another fact must receive the attention of the physician who expects to employ a cathartic safely and effectively. Some purgative materials exert an influence, near or remote as concerns other organs, of which it is not practicable to take account in any definition of catharsis. In addition to modified action in the function of muscular and glandular structures, rhubarb and magnesia, prominently, effect important changes in the morbid condition of the mucosa of the intestine; and the fact that mercury is indicated in certain functional disturbances of the liver, and that aloes is contraindicated in morbid lesion of the rectum and uterus—familiar to every physician—are sufficient illustrations of the principle which we would emphasize.

Each subject of chronic constipation, requiring help from cathartic medication, must be regarded as a special problem, and, as it were, to be carefully solved before effectual aid can be afforded. An attempt to apply the methods of a routine practice will quite surely bring disaster or disappointment. The physiological characteristics of the prominent cathartics being already understood, it is now to be determined what are the individual peculi-

arities of the patient who presents himself for treatment. Is the constipation to be traced to inertia of muscle? and is this located chiefly in the large or small bowel? Or, again, is the prominent defect referable to a generally defective secretion from the glandular apparatus of perhaps the entire canal? If it is that great gland, the liver, without the normal working of which no important task of either stomach or bowels can be healthily performed, if it is the liver that is at fault, it should go without saying that no therapeutic measures directed against constipation can be really remedial which do not insure the return of the bile, in proper quantity and quality, to the intestine. The researches of Rutherford, in particular, among recent physiologists, have provided us with new materials for service in this direction; but all the negative conclusions of all the physiologists from the time of Bennett have not availed to release the clinical physician from primary, if not inevitable, dependence upon mercury, in all conditions which unmistakably indicate recourse to a cholagogue.

If it is a weak and anæmic woman, whose symptoms point to torpor located in the small intestine, it will be a difficult task so to adjust medication as to restore activity, procure systematic evacuation, and yet not seriously to deplete. On the other hand, the individual who habitually over-eats, and who is consequently plethoric and perhaps bilious and constipated, will, in addition to a timely mercurial, find an admirable resource in the frequent use of the mildly saline cathartic waters, such as Hunyadi, etc., so popular now a days; popular, doubtless, because their special role has come to be so generally recognized by the large class requiring such intervention. At the same time, it may be questioned whether the practice of the Roman epicure, in the employment of the emetic, as Seneca gives it—"They vomited that they might eat, and they ate that they might vomit"—was not more physiological, as it was surely more direct in its purpose and results.

Probably no one material belonging strictly to the class of purgatives is so valuable to the physician in the treatment of chronic constipation, as is nux vomica, classified elsewhere; and because whatever other element may be present, a deficient tonicity is quite sure to complicate the worst cases of this affection. Nux vomica is the great neurotic energizer of digestion; it is to the nervous element in digestion what pepsin is as a catalytic, and it is the great peristaltic. Many cases can be successfully treated without help of other medicine than nux vomica, though dependent upon the measures specified in the first section of this paper. Still further, the consideration that nux vomica has much of the stomachic properties of the simple bitter, combined with the component power of quinia, renders it the more valuable in such application. Again, nux vomica is valuable because the energy for a specifically peristaltic cathartic is much enhanced by its combination; so that, *e.g.*, the fraction of a grain of aloes may prove as effective in union with nux vomica as would a large integral dose of aloes alone.

Once more, the elimination by the pharmaceutical chemist of the active principles of aloes is a fact of much importance in the treatment of habitual constipation; as far, at least, as aloetics are applicable. Thereby much greater concentration is secured, and not this alone, but the essential oil, which is largely responsible for the nauseous smell and taste of aloes, is avoided, and it is no longer obligatory upon the physician, in his offer of a purgative, to present a bulky and offensive medicament. A parvule constituted of aloin and nux vomica, āā gr. ⅓; or of aloin, gr. ⅓, strychnia sulphate, gr. $\frac{1}{30}$, with addition of gr. j ext. hyoscyamus, to be taken after meals once or thrice daily *pr. r. n.*, provides a resource more generally appropriate than perhaps any other that can be devised.

But aloetics have a wide and varied range of contraindication; it is pretty surely true, notwithstanding the assertion of some authorities to the contrary, that the habitual dependence upon the smallest dose of aloes will gravely increase any active disease of either rectum or uterus. For the subject of chronic constipation, with complicating hemorrhoids or metrorrhagia, or uterine inflammation, it is a difficult thing to find a substitute for the aloetic pill. But the introduction of cascara sagrada has rendered the task easier, and a pill made of nux vomica with gr. j–ij extract cascara sagrada, will sometimes meet the latter indication admirably.

It is an accepted statement with the therapeutic physiologist that physostigma increases secretion along the course of the alimentary canal; and physiologically considered, there

should be provided a mild laxative in a combination of nux vomica and physostigma, as setting in active operation the two essential factors of a cathartic influence. At all events, physostigma introduced into the aperient pill should meet a corresponding indication, as respects the glandular structure of the bowel, with nux vomica in its action upon the muscular coat. From my own limited clinical experience with the former remedy, I have failed thus far to be satisfied of this fact, but in the subject of chronic constipation with prevalently dry dejections, it would receive the sanction of the authorities to combine a fraction of a grain of physostigma with the ingredient of the aperient pill.

Finally, idiosyncrasy is the occasion of much concern in the systematic and habitual use of cathartic remedies—it is doubtful if individual peculiarities assert themselves more arbitrarily in reference to neurotic remedies than in such employment of cathartics. If the patient is a female, and especially if she has been long pampered by habits of self-indulgence and luxurious living, the case must be very carefully studied upon its own merits and demerits, or the physician will quite surely go wrong. The selection of remedies having been made and their apportionment decided upon, it is well that the patient should understand that no two cases of constipation ever required exactly the same treatment, and that quite likely there must be repeated trial and modification of the measure proposed and report to the physician before an exact adaptation can be made in the present instance. Large experience does not always bring confidence; a large experience in the treatment of chronic constipation rather brings distrust, *i.e.*, to the physician; and it is right that the patient should, at the start, be imbued with a measure of distrust and acquainted with the reasons for it, alike in justice to the doctor, the system, and himself. Many patients will not meet the inevitable conditions—they soon get discouraged or are satisfied with partial results; but when the physician can secure such coöperation, it is assuredly alone his fault if the treatment is not at last reduced to successful terms.

There are, however, some general facts in the employment of special cathartic materials, of which the following must serve as illustrations: and the more of such the practitioner may have at command the less often will he commit a deplorable error:—

1. The salines do not commonly agree with the aged—they find them too chilling; and a dose of Epsom salts, which may operate very kindly upon the young and middle-aged and vigorous, may bring serious disaster to the old man or old woman. A sudden depression of vital energy and the function of calorification thus procured, together with other favoring circumstances, have more than once precipitated the subject into a fatal pneumonia.

2. All cathartics are apt to be attended with colicky complications when given to a woman at the epoch of menopause: and especial combination at such time, as with carminatives, should be directed against this painful action. Some of the text-books or lectures used to report the case of a young doctor who was dismissed with contumely from a prominent family, upon which he had chiefly depended for the advance of his fortune, because of offense given to the alimentary canal of a patron, through neglect of this precaution.

3. The common domestic cathartic, senna, should never be prescribed to the subject of cumulative constipation or of impacted feces; if there be anything answerable to a fecal plug formed in the course of the small intestine or near the valve, on either side, such a peristaltic cathartic as senna will infallibly occasion serious and even alarming colic before evacuation can be accomplished; and the same restriction applies to a similar use of an integral dose of calomel.*

4. And to make affirmative provision for the subject of the last restriction, in a case of impacted constipation, when it is to be presumed the bowels are more or less distended with hard, dry, knotty, scyabalous masses (and the more imperatively if there be suspicion of complicating typhilitis or perityphilitis), nothing works so safely and so well as Epsom salts, possibly energized with minute doses of tart. emetic, gr. $\frac{1}{12}$ to $\frac{1}{16}$. Or if it be desirable to apply a cautious peristaltic stimulant in this condition, or in whatever condition declares absence of organic contractility in the bowels, nothing else can be so direct in operation as gr. $\frac{1}{40}$ sulphate of strychnia, inserted once or twice in the twenty-four hours in the areolar tissue of the abdominal wall.

* An infusion of senna may, however, be administered as enema when the torpor and distension are mainly located in the large bowel, both safely and effectually. The excitant influence of senna over organic muscular fibre of bladder, and uterus also, was perhaps more familiar to physicians of an older school than to those of the present day.

5. There is apparent perplexity in providing cathartic medication, whether on occasions of temporary or habitual constipation, for the subject of a prevalent uterine hemorrhage—*i. e.*, menorrhagia or metrorrhagia. Of course, aloetics are absolutely contraindicated, and senna and cascara no less absolutely; unless, indeed, in the exceptional instance where such a remedy as ergot is required. But there is a cathartic, or laxative cathartic, which deservedly has the reputation of exerting somewhat of inhibitory influence upon hemorrhage from the womb, viz., cream of tartar. It would be hard to name another which, in its action upon the bowels, arouses so little of peristalsis; and it is not possible that cream of tartar, in any degree of action, should stimulate uterine muscles to contraction; while its tendency to reduce temperature, and especially to lower blood pressure, should work favorably for the arrest of hemorrhage from whatever cause.

The last section of our subject contemplates, if not the cure of habitual constipation, at least an escape from its discomforts and injurious influence upon health, by the systematic use of water-enemata; but its discussion must be postponed for want of time. It may be said, however, in closing, that loose and erroneous notions prevail to an extent among the profession even, respecting the value and the consequences of this measure of relief. The rectal syringe, like the uterine pessary, may do incalculable mischief; suitably, appropriately, strictly and intelligently controlled, it may be of incalculable benefit. In either instance, there must be selection of cases and considerate adaptation. In no other department of medical practice is the tyro in medicine more out of place, as well as the physician who gives but a passing thought to the condition for which he is called to prescribe.—*Journal of American Medical Association.*

*THE SIMPLEST AND MOST EFFICIENT TREATMENT OF DIPHTHERIA.**

BY WILLIAM H. DALY, M.D.

I SHALL not enter into the discussion of the cause, pathology, or clinical history of diphtheria, as the brevity of my paper forbids this; neither shall I hope to bring to your notice either a new plan of treatment, or one that will cure anything like ninety to one hundred per cent. of your cases of diphtheria; I would that I could do so, and thereby claim your gratitude, and probably immortalize myself. Neither shall I discuss the identity or non-identity of diptheria and membranous croup further than to declare that I have known respectable and apparently intelligent practitioners to pronounce cases of diptheroid, diphtheritic, and croupous sore throat, either one of the three, with so much promiscuity as not only to staggger one's confidence in the practical possibility of nicely discriminating diagnoses, but to encourage the opinion that the method is largely in vogue of basing a diagnosis upon the results—viz., if the patient dies, the case was one of diphtheria or membranous croup; if the patient recovers, then there was little if anything at all the matter other than follicular amygdalitis, or other unimportant diseases.

Neither shall I attempt to open for discussion before this learned body any of the several other very vexed, though always alluring, and important questions that often take the form of pathological conundrums when they are by the identist and non-identist in way of argument flouted so scornfully at one another.

But I shall have the pleasure of drawing your attention to what in my hands has been not only the simplest, but the most efficient treatment of diphtheria. I refer to the calomel treatment. You say, "Oh! that is not new. I have resorted to the calomel treatment for several years." Then, I answer, I am glad to hear you say so, and pray that this brief article may serve at least to renew your faith in it, and thus aid in saving the lives of more children, precious to their parents.

Touching the question of how new or how old this plan of treatment is, I found some time ago, when reading an old non-medical book,* a memoir of that learned philosopher, divine, and wit, the Rev. Sydney Smith, who was also, we may recollect, an educated physician, the following, which not only gives the respectability of age to this plan of treatment, but the crowning happiness of having been in more remote times successful. This note refers to a period about the years 1797 to 1799, at least eighty-six years ago; it runs thus: "A few months after the birth of Sydney Smith's daughter

*Read before the American Laryngological Association at its eighth annual Congress.

*"A Memoir of the Rev. Sydney Smith," edited by Mrs. Austin, Vol. I. Harper Brothers, 1855, p. 63.

he went in the summer for a short time to Burnt Island, a small sea-bathing place at no great distance from Edinburgh, for the recovery of his wife's health; and here, but for his courage and firmness, he would have lost his long-wished-for daughter in a way he had not at all anticipated. When only six months old she fell ill of croup with such fearful violence that it defied all the remedies employed by the best medical men there. The danger increased with every hour. Dr. Hamilton, then one of the most eminent medical men in Edinburgh, was sent for, could not come, but said, 'Persevere in giving two grains of calomel every hour; I never knew it to fail.' It was given for eleven hours; the child grew worse and worse; the medical man then in attendance said, 'I dare give no more; I can do no more; the child must die; but at this age I would not venture to give more to my own child.' 'You,' said Sydney Smith, 'can do no more; Dr. Hamilton says to us, "'Persevere;" I will take the responsibility; I will give it to her myself.'" He gave it and the child was saved.

Dr. Hamilton, of Edinburgh, a man of solid and courageous convictions is seconded by a medical attendant of neither courage nor strength of moral character, but the father, a man whose life and character were strong and high above all foolish prejudice of any kind upon any subject says, "I will take the responsibility; I will give it," and saves his child.

I salute your memory, Dr. Hamilton, with the utmost reverence for that courage that makes a man positive about that which he has tried and knows to be reliable, and I here place you on record before an association of some of the most learned men of your profession specially interested in the study of means to stay destruction of life from a disease the character of which you understood and knew how to treat so ably and successfully in remote times in medical history.

You will note that this case was treated by calomel, pure and simple; and that with two-grain doses every hour to a child six months old. You will also note that the case was called croup, and that we are not going to discuss the vexed question of the identity or non-identity of diphtheria and croup in this paper, or following it; and that the foregoing quotation is merely made with a view of recording gratefully the name and honor of Dr. Hamilton and the remote date of the calomel treatment. It will not do to fall back upon the sophistry that diphtheria was not known then, and that a case of croup could be better differentiated then than now, or that the case of Sydney Smith's child was one of croup and not diphtheria. The success of the treatment is sufficient proof to me that the case was one of diphtheria.

Now, briefly, as to the credit for the practice of the calomel treatment of diphtheria in modern medicine. To Dr. William C. Reiter, of Pittsburgh, a gentleman who was learned in other sciences as well as in medicine, this credit is due. He was the apostle of this plan of treatment of diphtheria, and he for many years persistently practised the treatment and promulgated the doctrine to his brethren, many of whom were at first unbelievers; he was an earnest and honest observer, fearless in the practice and assertion of what he deemed right. He had large experience and ripe judgment, and, as he stood for many years almost alone in the advocacy of the plan, he deserves still more our respectful praise and free acknowledgment.

In medical works the various mercurial plans of treatment are mentioned without, as far as I have observed, according to Dr. Reiter the credit of having advocated and practised the method of treating diphtheria by the exhibition of calomel. I regard all the other mercurial preparations as mere excuses or substitutes for this best of all mercurials in diphtheria—viz., calomel. To any one caring to see the brochure of Dr. Reiter, which is little known of, and is so peculiar in its style as to entitle it to be considered an oddity in medical literature, I will say that it was published by J. B. Lippincott & Co., in 1878, and is entitled "A Monograph on the Treatment of Diphtheria based upon a New Ætiology and Pathology," by William C. Reiter, A.M., M.D.

As to the ætiology and pathology as enunciated by Dr. Reiter, I suppose one is at liberty to object or differ without being subject to the suspicion of being unorthodox; but as to the treatment, I can truly say from substantial experience it is simple, and it is what is all-important to us—it is efficient.

Now, what is the method clinically? We will say, to a child three or four years old, suffering from diphtheria (early recognition and opportunity are, as a matter of course of the utmost importance with this as with any other plan), give of pure, untriturated or unmixed

with sugar, calomel, in two to five-grain doses, every one, two, or three hours, either dry on the tongue and washed down with a little ice-water, or, as Dr. Reiter preferred it, given floated on a little ice-water in a teaspoon. This is repeated at intervals until free catharsis follows; the stools are to be carefully observed, and, when they assume the appearance of having floating in them gelatinous masses of dark, rather brightish-green bile, giving them an appearance resembling chopped spinach, or the water-polyps seen in watering troughs, then the intervals of the dose can be lengthened so as to keep up this condition of catharsis to the extent of one to three stools each day. It is not well to diminish the dose, but simply to lengthen the interval, as there is less liability by this means to produce ptyalism. This is an important point and ought to be remembered. It has been a matter of much surprise to me that there is little depression caused by the exhibition of these large and frequently repeated doses of calomel in diphtheria, and that ptyalism is so infrequent, especially so if the careful observation is made to keep up catharsis, or rather that fluid condition of the contents of the alimentary canal where the osmotic action is toward them from the bloodvessels, and not *vice versa*. Under this condition of treatment the membrane exfoliates and reforms, if at all, with less and less readiness; the fever abates; the prostration is slowly replaced by brightness and a disposition to activity, which latter should, of course, be prohibited lest heart paralysis or syncope should suddenly supervene and cause a suddenly fatal termination to the otherwise favorably progressing case.

Dr. Reiter was in the habit of alternating his doses of calomel with large doses of chlorate of potassium. This I have not found necessary, but I have adhered to the calomel in large and frequently repeated doses, with rather light but nutritious fluid diet, and have found it the most efficient of any treatment; and withal so simple for the nurse and so merciful to the patient. The latter is no small factor in the method when we compare the dreadful struggles of the little sufferer at the sight of the commonly used—shall I not say abusively used—throat-brush and bottle, and all the other impedimenta of the more elaborate treatment to this simpler one of getting the child to open its mouth to drop a powder in, followed by a readily accepted spoonful of ice-water. There is needed no argument to show which is the most desirable practically; and I can assure you, my fellows, that this needs but a faithful trial to show you the greater efficiency of this over all other plans of treatment in results.

But there are some rules which I beg you will follow faithfully. These are: (1) Give calomel in its purity; (2) give it in large doses; (3) give it frequently; (4) give it until you have the free and characteristic catharsis; (5) give light and nutritious diet; (6) give little or no other medicine.

If these simple rules are followed, and common sense is allowed to take the place of common prejudice, you will save more of your diphtheria patients by this than by any other method known to modern medicine—*New York Med. Journal.*

HOSPITAL REPORTS.

CHARING CROSS HOSPITAL.

UNDER THE CARE OF J. ASTLEY BLOXAM.

Fistula in Ano; Operation.—George P—, æt. 30, surgical instrument maker, applied at the hospital on January 10th on account of pain on defecation, with a continual discharge. Patient says that between two and three years ago he had an abscess at the superior margin of the anus, just external to the sphincter; this was opened, and no further inconvenience resulted. About four months ago another abscess formed, this time on the left side of the sphincter—this was opened at the Faringdon Dispensary, and has continued to discharge ever since. He never passes any blood, and the bowels are naturally relaxed. He has no pain on passing motions, and has never, to his knowledge, suffered from piles. Mr. Bloxam examined him, and found an external fistula on the left side of the anus about half an inch from the margin. No opening into the rectum could be discovered. 13th—To-day the patient was anæsthetized, and Mr. Bloxam passed a director up the external opening into the gut and divided the tissues. The wound was then plugged so as to make it heal from the bottom. 16th—The wound was dressed to day, and, as the bowels had not been open since the operation, a mild laxative was given. The patient was discharged cured on February 1st.

Gangrene of the Soft Parts and Terminal Phalanx of the Great Toe following Inflammation; Diabetes.—George S—, æt. 50, tailor, applied in the out-patient department on account of pain and inconvenience he had suffered for three months past in the great toe of his right foot, resulting from the pressure of the boot. He was seen by Mr. Boyd, and, as the toe was found to be covered with dark sloughs, he removed the proximal and distal phalanges. He was admitted into the hospital on January 3, 1886. 4th—Charcoal poultices are being applied to the stump. Sensation appears to be lost on the inner side of the root of the toe. The patient complains of thirst and passed a large quantity of urine (116 ounces) which on being tested was found to contain sugar. He says he was in Middlesex Hospital a few months ago with an impacted fracture of the left femur, and at that time he had some ulceration on the outer side of the left leg. 8th—The charcoal poultices are being continued, and the stump looks cleaner. The patient sleeps better now. Urine specific gravity 1025, sugar; quantity passed one hundred and twenty fluid ounces. He is on skimmed milk diet, with eggs, butter, gluten bread and a chop. Medicinally, he is given $\frac{1}{6}$th of a grain of codeine in a pill, three times a day. 10th—Sensation is returning in the skin over the root of the toe. Patient takes his food well, with the exception of the gluten bread. 11th—Urine, specific gravity 1032; quantity passed one hundred and forty-six fluid ounces. The stump is being dressed with carbolic lotion. It is still very sloughy. 18th—The patient's bowels are confined, and he has passed scarcely any urine since yesterday. A catheter was passed, and ninety-two fluid ounces of urine were drawn off. 19th—The urine was again drawn off by means of a catheter, and, as the rectum was loaded with hard, dry feces, an enema was given, which had the effect of emptying it. The stump is very foul and discharges a good deal. February 12th—The patient suffers a good deal from dyspepsia, and his urine still contains sugar. The wound remains in about the same condition. He is looking much better, and has gained slightly in weight. 9th—The lower flap of skin is now united to the upper, and the discharge is less fetid. 10th—The patient was transferred to the medical wards, where the wound gradually healed over. The diabetes was not sensibly improved, and he was discharged on April 10th.

Transverse Fracture of Patella (Left).—Samuel T—, æt. 28, shoemaker, was walking across the street when his foot slipped and he fell forward. He was able to get up and walk away, but his knee pained him and seemed "stiff." When he got home the knee began to swell, and he came to the hospital. On examination, the patella was found to be fractured transversely. The leg was placed on a pillow and ice-bags applied. March 19th—The patient will not consent to an operation. The swelling and heat have subsided to a great extent. 22d—Since the swelling has gone down, Mr. Bloxam has examined the seat of fracture, and found the fragments in fair apposition. Crepitus can be felt. 26th—The leg was put up in a plaster-of-Paris bandage, and the patient was allowed to leave the hospital on the 29th.

Fissure of Anus, with Ulceration of Rectum.—Josiah D—, æt. 33, traveller, was admited to the hospital on January 5th, he complained of passing blood from the rectum for more than a month past. The blood is generally of a bright red. The bowels have not been relaxed, but there has been a tendency to constipation. He suffers no pain, nor is there any straining or tenesmus. On examination a small, blind fistula was found on the right side of the external sphincter. There are two sores on the penis, one immediately adjacent to the frenum, the other with an indurated margin on the corona. No discharge from urethra. Patient says that the sores came about a month ago, a fortnight after connection, and are very painful. He has had no rash nor sore throat, but he is very weak and his hands are tremulous. Has been a "fair" drinker. He is anæmic. 6th—To-day Mr. Bloxam passed a speculum up the rectum and saw a small fissure on the posterior surface of the gut. He passed a probe down the fistula but it did not apparently open into the rectum. No albumen in urine. The sores were dressed with iodoform. 13th—This morning Mr. Jones divided the tissues between the two openings. The patient complained of a good deal of pain all day. 15th—The sores on the penis are nearly healed—patient is very low and nervous. 23d—Patient appears to be progressing favorably, but there is a little redness round the wound. 26th—The edges of the wound are somewhat everted and of an angry red. 29th—To-day the patient was put under ether and the edges

of the wound were pared. February 1st—The wound is being dressed with iodoform; patient complains of pain in the right testicle which is swollen and tender. 2d—The pain in testicle is better and patient feels better than he has done. The wound is healing rapidly and the tremulousness of the hands has now disappeared. 10th—Patient left the hospital convalescent

Severe Hemorrhage from Varicose Ulcer of Leg.—William W—, æt. 45, cab driver, was brought to the hospital on December 20th, in an insensible condition and bleeding profusely from an ulcerated surface situated on the inner side of the left leg. The hemorrhage was easily checked by raising the leg and applying pressure. Patient is a stout, florid complexioned man. He says he has had varicose veins on both legs for many years and as he has got older the veins have much increased in size. He had a severe attack of hemorrhage from the ulcer twelve months ago. He has never had any serious illness. 22d—Patient suffers from headache, especially frontal, and he is very prostrate from the loss of blood. 23d—Patient was able to leave to-day.

Sinus Extending from One Inch Above the Anus in the Median Line to the Level of the Posterior Superior Spine of the Ilium, following Injury.—George C—, æt. 27, packer, was admitted on November 27th. He said that eighteen months ago while coming down some stone steps, just as he got to the bottom, he missed a step and fell to the ground on his buttocks. From that time he felt an aching pain over the sacrum, and two months after the accident he noticed a small tender swelling over the seat of injury, which gradually increased to the size of an orange, it remained stationary for about a fortnight and then slowly disappeared, discharging its contents through a small aperture over the middle of the sacrum. This swelling recurred from time to time, discharging through a fresh aperture, so that five in all were formed. On the last occasion the pus was sanious. Patient was a healthy, robust man. No swelling was perceptible on admission, but some thickening was present. There is a discharge from all the five apertures which all lead into the abscess cavity. December 1st—The abscess cavity shows signs of refilling and has become painful and tender. 2d—To-day Mr. Bloxam opened up the abscess cavity and sinuses, and plugged the wound so as to secure granulation from the bottom. A great quantity of foul-smelling pus was evacuated. The wound was dressed with carbolized oil and a perineal bandage put on. 6th—The wound is now less offensive and is getting on well. Patient is beginning, as he says, to feel more himself. 11th—The wound is getting on well and is rapidly granulating up. 15th—There was a large collection of pus in the wound this morning which did not appear to be doing as well. Patient has passed a bad night. The wound was carefully syringed with carbolic lotion and dressed. 19th—The wound is now healing fast and there is very little discharge. 23d—The patient was discharged to-day to attend as an out-patient until the wound is completely healed.

Ulceration of Nares—Probably Syphilitic.—William S—, æt. 47, clerk, was admitted on February 15th. He says that in 1857 he had his nose broken by a blow followed by a good deal of bleeding for which it was plugged. Since then attacks of epistaxis occur at odd times, sometimes a week or ten days passing without one. The patient thinks that it was worse some years ago. There is a little sore inside the right nostril, the discharge from which blocks the nose, and when he exerts himself to remove the obstruction the bleeding comes on. The blood only comes from the right nostril, and he loses on each occasion about half a fluidounce. For the last six weeks the patient has had a dull aching pain, not constant, about the region of the right antrum, and has lately had some twitching pains on the right side of the head, eye, and nose. He says he has throughout his life met with a good many injuries to his head, such as blows, cuts, falls from horses, etc., he has also had rheumatic fever and scarlet fever. There was an abscess on the right side of the hard palate, and the gums appear to be receding from the teeth there. Patient says he had syphilis many years ago. His general health is pretty good and his appetite fair. 17th—Mr. Bloxam examined the patient this morning and ordered the nasal cavities to be syringed with carbolic lotion every morning and a mixture containing iodide of potassium to be taken three times a day. After some days of this treatment the condition of things improved, and patient was told to get a nasal douche for himself and to wash out the nostrils with carbolic lotion daily. He was then discharged to attend as an out-patient.

Contracted Tendons of Hands Following Injury.—James G—, æt. 39, laborer, was admitted on January 26, 1886. About ten weeks before his right hand was crushed by a bar of iron, which caused a lacerated cut on the inner side of the palm. He had previously been in the Westminster Hospital where he remained under treatment about six weeks. When he left the hospital his fingers were rather stiff, and in the course of three or four weeks the hand and wrist became swollen and hot; then the fingers gradually became flexed and he was unable to extend them even with the help of his other hand. 27—To-day Mr. Bloxam had the patient anæsthetized and forcibly extended the fingers, making at the same time an incision on the anterior aspect of the little finger opposite the first phalangeal articulation. 28th—Movements of extension and flexion are possible though painful to-day. Passive movements is to be persevered with. 31—The condition of things had been materially improved and the patient was discharged to attend as an out-patient.

THERAPEUTIC NOTES.

BICHLORIDE OF MERCURY AND TINCTURE OF BELLADONNA IN MEMBRANOUS CROUP.

I have for some years been in the habit of treating this disease with a combination of corrosive sublimate and belladonna. These drugs are recommended for this complaint in almost every work on therapeutics; but I am not aware that they have ever been given conjointly. I have found that small doses of the bichloride (one-fiftieth of a grain), administered in conjunction with tincture of belladonna (two to five minims), every half-hour, for a child two years old, is a very successful method of dealing with this dangerous disease of childhood. The secret of its success is in its persistent administration, even when the symptoms are apparently most unfavorable. I have several times witnessed a happy termination to the disease when other practitioners with whom I was associated entertained scarcely a hope of recovery. It is advisable to commence the treatment by administering an emetic, so as to dislodge the already-formed membrane. Probably much of the benefit derived from this mixed treatment is due to belladonna, and it is astonishing what large doses of this drug children can tolerate. During the progress of the disease the strength must be maintained by a liberally nutritious diet and stimulants, for I must say that when recovery takes place, the patient is left very anæmic and weak. This is not very apparent while the medicine is being given, as every evidence of it is partially masked by the physiological effects of the belladonna. —J. H. Jones, M.D., *N. Y. Med. Journal.*

BELLADONNA IN STERILITY OF FEMALES.

There are few drugs which exhibit so pronounced a predilection to act upon certain structures of the body as belladonna. Among its favorite tissues, those of the female sexual organs may be mentioned. Its employment is followed by more or less benefit in every disease to which these parts are liable. I suppose it has fallen to the lot of almost every practitioner to be consulted by married women who never were pregnant, as to the cause of their barrenness. Apparently they enjoy the best of health, and have never suffered from any irregularity of the sexual apparatus. To such I have on several occasions prescribed belladonna internally, and have found that after taking the medicine for some weeks, they become pregnant. I have seen this happen so often that I am constrained to regard the occurrence as something more than accidental. I shall not venture to theorize upon its action, but will merely mention that I have observed that the external genitals become more relaxed, and the os and cervix uteri somewhat softened and pliable during the treatment.—*Ibid.*

CHRONIC URETHRITIS.

Dr. O. D. Ball (Albany Medical Annals) recommends the local application of zinc ointment to the urethral mucous membrane in gleet and chronic gonorrhœa. The following is his formula:—

℞. Zinci oxidi . . . . . ʒiij.
Adipis . . . . . ʒiij.
Cerati simp. . . . . ʒij.
M. Sig.—Ointment.

This is applied by means of an olive-headed bougie. The constriction of the bougie is filled with the ointment and gently passed down to the prostatic urethra, where it is rotated and slowly withdrawn. Dr. Ball has treated fifteen cases in this manner—all successfully. The average time of treatment was a little over four weeks.

PRURITUS ANI.

℞. Acidi carbolici . . . ʒss.
Bismuthi subnit. . . . ʒiv.
Ung. zinci oxidi benz. . . ʒij.
M. Ft. ungt.
Sig.—Apply locally twice a day.

MEMBRANOUS CROUP.

℞. Antimonii et potassii tart. . gr. j.
Hydrarg. chlor. mite . . gr. iv.
Ammonii chloridi . . gr. xx.
M. Ft. charta No. viii.
Sig.—One powder every hour until free emesis is secured.

TURPENTINE IN TYPHOID FEVER.

Dr. F. Peyre Porcher (New Orleans Med. and Surg. Journal) redirects attention to the value of oil of turpentine in four separate morbid conditions, which often accompany typhoid fever during its later periods namely:—

1st. Tympanitic distension, resulting from perverted conditions of the mucous and secretory surfaces of the intestinal tract, which this remedy relieves—given internally or applied externally.

2d. It is a general as well as a special stimulant, and therefore applicable at this stage of general depression.

3d. Being possessed of astringent or styptic properties, with opium, it prevents or arrests hemorrhages from the intestines, kidneys, or bladder.

4th. Combined in the form of a mucilage, with the carbonates and chlorides of ammonia, it is one the best remedies for the irritation or inflammation of the bronchial tubes in cases where these organs are affected.

A GOOD TONIC.

℞. Tinct. nucis vomicæ . . ʒij.
Tinct. capsici . . . ʒss.
Tinct. serpentaria . . . ʒiiss.
M. Sig.—One teaspoonful in water before meals.

SCARLET FEVER.

℞. Tinct. aconiti rad. . . ♏xx.
Potassii chloratis . . . ʒj.
Acidi hydrochlorici dilut. . ʒss.
Aqua . . . . . ʒiv.
M. Sig.—Two teaspoonfuls every three hours.

SUBACUTE BRONCHITIS.

℞. Tinct. opii deod. . . . ♏xij.
Tinct. sanguinaria . . ʒj.
Syr. yerba santa . . . ʒiij.
M. Sig.—One teaspoonful every three hours.

CHRONIC BRONCHITIS.

℞. Tinct. ignatia . . . ʒij.
Tinct. sanguinaria . . ʒiss.
Tinct. capsici . . . ʒss.
Tinct. benzoini comp. . . ʒiij.
M. Sig.—Teaspoonful four times daily.

TONSILLITIS.

℞. Tinct. aconiti rad. . . ♏xx.
Vini colchici rad. . . . ʒj.
Tinct. guaiaci ammoniat. . ʒj.
M. Sig.—Half teaspoonful in water every two hours.

MEASLES.

℞. Tinct. veratri viridi . . ♏xvj.
Tinct. sanguinaria . . ʒss.
Elix. simp. . . . . ʒij.
M. Sig.—One teaspoonful every three hours.

CHRONIC CONSTIPATION.

℞. Pulv. capsicum . . . gr. xij.
Aloini . . . . gr. ij.
Ext. nucis vomicæ . . gr. iv.
Ext. hyoscyami . . . gr. vi.
M. Ft. pilulæ No. xxiv.
Sig.—One pill after meals.

EPILEPSY.

℞. Tinct. veratri viridi . . ♏xx.
Tinct. stramonii . . . ʒss.
Potassii bromidi . . . ʒss.
Aqua . . . . . ʒiij.
M. Sig.—One teaspoonful in water after meals.

A GOOD COUGH MIXTURE.

℞. Ammonii iodidi . . . ʒj.
Vini ipecac. . . . . ʒij.
Mist. glycyrizzha comp. . . ʒij.
M. Sig.—Half teaspoonful every two hours.

CATARRHAL FEVER.

℞. Tinct. aconiti rad. . . ♏xx.
Tinct. lobelia . . . ʒiss.
Quinia sulphatis . . . ʒss.
Syr. yerba santa . . . ʒj.
Elix. simp. . . . . ʒij.
M. Sig.—Teaspoonful every three hours.

FUNCTIONAL IMPOTENCE.

℞. Strychnia sulphatis . . gr. j.
Tinct. capsici . . . ʒj.
Ext. damiana . . . fʒij.
Elix. simp. . . . . ʒij.
M. Sig.—One teaspoonful in water after meals and at bedtime.

CHRONIC GONORRHŒA.

℞. Tinct. opii deod. . . . ʒj.
Ext. hamamelis . . . fʒss.
Aqua . . . . . ʒiv.
M. Sig.—Use as an injection once daily.

CYSTITIS.

℞. Morphia sulphatis . . . gr. j.
Tinct. gelsemii . . . ʒj.
Potassii bicarb. . . . ʒj.
Aqua . . . . . ʒiv.
M. Sig.—Dessertspoonful every four hours.

BALANITIS.

℞. Morphia sulphatis . . gr. v.
Bismuthi subnit. . . . ʒj.
M. Sig.—Dust over the affected surface four times daily.

CHRONIC MALARIA.

℞. Ext. nucis vomicæ . . gr. ij.
Pulv. capsicum . . . ʒss.
Quinia sulphatis . . . ʒj.
Ft. pilulæ No. xxx.
Sig.—One pill every four hours.

FEVER MIXTURE.

Dr. F. Peyre Porcher (New Orleans Med. and Surg. Journal) recommends the following combination :—

℞. Spiritus ætheris nitrosi . ʒss.
Potassæ acetat. . . . ʒj-vel-ij.
Potassæ chlorat. . . . ʒj.
Liq. ammon. acetatis . . ʒj.
Tinct. aconiti rad. . . ʒss.
Tinct. opii camph. . . ʒij-iij.
Aqua ad. . . . . ʒiv.
M. Sig.—Dessertspoonful every two or three hours, as long as there is fever.

CEREBRAL CONGESTION.

℞. Tinct. aconiti rad. . . ♏xvj.
Magnesii sulphatis . . ʒj.
Aqua . . . . . ʒiv.
M. Sig. Two teaspoonfuls every half hour.

URINARY INCONTINENCE.

℞. Tinct. nucis vomicæ . . ʒj.
Tinct. belladonnæ . . . ♏xvj.
Ext. hamamelis . . . fʒss.
Elix. simp. . . . . ʒiss.
M. Sig.—One teaspoonful three times daily.

NEURALGIA.

℞. Tinct. aconiti rad. . . ♏xij.
Spts. chloroformi . . . ʒss.
Morphia sulphatis . . gr. j.
Elix. simp. . . . . ʒj.
M. Sig.—One teaspoonful every two hours.

RHEUMATISM.

℞. Tinct. veratri viridi . . ʒss.
Acidi salicylici . . . ʒij.
Sodii bicarb. . . . . ʒiij.
Aqua . . . . . ʒiv.
Syr. auranti cont. . . . ʒij.
M. Sig.—Tablespoonful every three hours.

INFANTILE ENTERITIS.

Dr. Bedford Brown (Journal American Medical Association) recommends—

℞. Mucilage acacia . . . fʒj.
Aqua menth. pip. . . . ʒss.
Ol. terebinth. . . . . gtt. xij.
Tinct. belladonna . . . gtt. x.
Aqua calcis. . . . . fʒiss
Tinct. opii deod. . . . gtt. x.
M. Sig.—A teaspoonful for an infant one year old every three or four hours.

GALL-STONES.

℞. Tinct. belladonna . . ♏xij.
Magnesii sulphatis . . ʒss.
Aqua . . . . . ʒv.
M. Sig.—Tablesponful every four hours.

HÆMATEMESIS.

℞. Tinct. veratri viridi . . ♏xij.
Magnesii sulphatis . . ʒvj.
Acidi sulphurici, dilut. . . ʒj.
Aqua . . . . . ʒiij.
M. Sig.—Two teaspoonfuls every hour.

TONSILLITIS.

℞. Tinct. aconiti rad. . . ♏xvj.
Tinct. sanguinaria . . . ʒss.
Tinct. guaici ammoniat. . ʒss.
Elix. simp. . . . . ʒiss.
M. Sig.—Teaspoonful every three hours.

GASTRIC CATARRH.

℞. Bismuthi subnitratis . . ʒiij.
Sodii bicarb. . . . . ʒiss.
M. Ft. charta No. xviii.
Sig.—One powder before meals.

CARDIAC DILATATION.

℞. Tinct. belladonna . . ♏xvj.
Ext. ergotæ . . . . fʒss.
Elix. simp. . . . . ʒiss.
M. Sig.—Teaspoonful before meals.

NEURALGIA.

℞. Morphia sulphatis . . gr. iss.
Tinct. hyoscyami . . . ʒss.
Vini ipecac. . . . . ʒss.
Vini portense . . . ʒvj.
M. Sig.—Tablespoonful every three hours.

INSOMNIA.

℞. Chloral hydrat. . . . ʒiss.
Sodii bromidi . . . . ʒij.
Aqua . . . . . ʒj.
M. Sig.—Teaspoonful every hour in water.

ASTHMA.

℞. Tinct. stramonii . . . ♏vj.
Tinct. sanguinaria . . . ʒj.
Tinct. lobelia . . . . ʒss.
Elix. simp. . . . . ʒj.
M. Sig.—Teaspoonful in water every half hour until relieved.

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METRORRHAGIA.

METRORRHAGIA, though always a distressing and frequently a formidable affection, is readily amenable to prompt and well-directed treatment, except when it occurs in connection with malignant disease of the uterus or vagina. Even then temporary palliation can always be obtained by the use of the tampon, but a recurrence of the hemorrhage is inevitable when the arterial walls become further eroded by the inexorable disease.

The treatment of metrorrhagia must vary in accordance with the cause and amount of the flow and the condition of the patient. Rest in the recumbent position is imperative in all cases, and all sources of excitement must be rigorously avoided. Laxatives should be administered whenever necessary.

If possible an endeavor should be made to ascertain the cause of the hemorrhage before instituting any plan of treatment, but if the flow is so profuse as to induce syncope or threaten life, it should be checked at once by thoroughly tamponing the vagina. In order to be effective every portion of the vagina should be filled so as to bring all the pressure possible against the vaginal walls and the cervix uteri. Partial tamponing is worse than useless. Tamponing may be performed through a cylindrical speculum, but it can be done most quickly and conveniently with the assitance of a Sims's speculum. The tampon should be left in position from twenty-four to forty-eight hours in accordance with the gravity of the case, after which it should be removed and the vagina washed out with cold water in which alum or some other astringent has been dissolved.

Metrorrhagia dependent upon the presence of fibroids, polyps, or other morbid growths in the uterine cavity can only be remedied by the removal of the exciting cause. Metrorrhagia following abortion or parturition is usually due to the retention of a portion of the placenta or the membranes. In such cases the uterus should be dilated and the offending body removed. If the hemorrhage is due to fungous granulations upon the endometrium the curette should be employed.

The majority of cases of metrorrhagia, however, are those in which an excessive or exhausting escape of blood occurs at the menstrual period, and are, therefore, more correctly spoken of as cases of menorrhagia. Ergot is the remedy most frequently recommended for this condition, and it is undoubtedly beneficial in a large percentage of cases. Ergot alone, however, often fails and occasionally increases the sanguinolent discharge. Better results can frequently be obtained from the administration four times daily of ten minims of nux vomica and one drachm of the fluid extract of hamamelis. Cimicifuga and potassium bromide are promptly curative in some cases. Anæmic patients are usually markedly benefited by half drachm doses of the tincture of the chloride of iron. Monsel's solution may also be given in doses of from three to five drops well diluted. Patients of a nervous diathesis usually improve rapidily when placed upon full doses of quinine, strychnia, and phosphoric acid. Patients of a lymphatic diathesis frequently do better when placed upon half-drachm doses of sulphate of magnesia combined with a few drops of dilute sulphuric acid. In all cases when the pulse is rapid and full, from two to three drops of the tincture of veratrum viride should be given every two or three hours until a marked impression is made upon its force and frequency. The most potent remedy for menorrhagia, however, but which should only be employed after internal medication has failed, consists in the employment of copious astringent intra-uterine injections. Either alum, tannic acid, or Monsel's solution may be employed. The patient should be brought to the edge of the bed, and a double catheter which has been attached to a vaginal syringe inserted into the os uteri. At least a quart of

the prepared fluid should be injected into the uterine cavity and permitted to flow out into any convenient receptacle. The patient should then be placed in a recumbent position and the vagina carefully tamponed. At the expiration of twenty-four hours the tampon may be re-removed when it will usually be found that the hemorrhage has not recurred. If necessary, however, the injection may be repeated with the certainty of effecting a permanent cure.

TREATMENT OF PNEUMONIA.

PNEUMONIA will be rife during the ensuing six months, but the excessive mortality of which it is said to be the cause is the result of improper treatment rather than of increased severity of the disease. As Dr. Henry Hartshorne recently stated before the Philadelphia Clinical Society, the prominent pathological conditions in pneumonia are:—

1. Obstruction to the circulation at the seat of local inflammation.

2. Resulting general increase of vascular tension.

3. Arrest or considerable diminution of the secretions of the skin, kidneys, and bowels.

In commenting on the above a contemporary remarks:—

"In all these conditions there is no indication for alcohol, none for quinine, none for opium. The old-time remedy for the abnormal vascular tension of the first stage was the abstraction of a moderate amount of blood, according to the previous vigor of the patient, by venesection, cupping, or leeching. Having been brought up under this *régime*, Dr. Hartshorne can give personal testimony to its safety and frequent advantage. It is astonishing that in these days of daring surgery, of ovariotomy, and laparotomy, for various occasions, physicians should be so much afraid of taking from a patient a few ounces of blood.

"An adjuvant for such a measure of relief in the early stage of pneumonia, or substitute for it in doubtful cases, is the use of saline purgatives and diaphoretics. These also appear to be in recent practice very often, perhaps generally, neglected, Dr. Hartshorne believes, to a great disadvantage.

"Frankly speaking, under the following plan of practice six out of ten cases of acute pneumonia in persons of previously good health, between twenty and fifty years of age, may be reasonably expected to die, viz., treating them from the start with twenty grains of quinine daily, a tablespoonful of whiskey every two or three hours, and a quarter of a grain of sulphate of morphia every six or eight hours. If any patients recover under such treatment, it is an escape probably due to the use of large hot poultices kept applied to the chest; an excellent application.

"Another method of treatment Dr. Hartshorne has had ample experimental reason for believing will be followed by recovery in at least eight out of ten cases of simple acute pneumonia in persons not over sixty years of age, of previously good health, viz., the abstraction, on the first, second, or not later than the third day, of a few ounces of blood from the arm in the stronger patients, by cups or leeches in those of less previous vigor of system; about the same time, a decidedly purgative dose of some mild saline medicine; afterwards, every two or three hours, a saline diaphoretic, citrate, acetate, or nitrate of potassium, or acetate of ammonium; in the most violent cases, in patients of average constitution, tartar emetic during the first three, four, or five days—not more than one-sixteenth to one-twelfth of a grain every three or four hours, not allowed to cause gastric distress; a warm poultice also being kept applied and renewed over the whole anterior part of the chest until the worst is over.

"Should this practice be just now out of fashion, it may be very earnestly said that it is better to be old-fashioned than to lose a considerable number of patients dying of a malady like pneumonia, which *ought not to be mortal.*"

We agree fully with Dr. Hartshorne in condemning the fashionable practice of treating pneumonia by quinine, morphia, and whiskey, to the exclusion of venesection, arterial sedatives, and purgatives. It is based upon a fallacy, and is responsible for the sacrifice of thousands of valuable lives. Quinine, however, will be found valuable as an adjuvant in many cases, and indispensable in those occurring in malarious seasons or districts. Aconite

or veratrum viride may also be substituted with advantage for tartar emetic. The following will be found to be an excellent combination:—

℞. Tinct. aconiti rad. . . . . ℥ss.
Quinia sulphatis . . . . ℥j.
Syr. yerba santa . . . . ℥j.
Syr. simp. . . . . ℥j.
M. Sig.—One teaspoonful every three hours.

MEDICAL NEWS AND MISCELLANY.

Malicious Munde.—After a brief visit through Belgium, I went to Paris. Everywhere in France I found all enthusiastic for the Congress. I saw such men as Sappey, Charcot, Pasteur, Grancher, Warren (Bey), Péan, Verneuil, Lelaird, and others of like reputation, the very first men in France, and found that while efforts had been made to tincture their minds, it was of no avail. They were for the Congress, first, last, and all the time, feeling honored by accepting positions and expressing their desire to aid in the scientific work of the Congress, by preparing papers and taking part in discussion, as the affairs demand. By-the-by, we made sure from excellent authority, and that in which we have the most complete confidence, that Dr. Paul F. Mundé, of New York City, has been exceedingly busy, especially in Berlin, trying to do all in his power to injure the interests of the Congress. Will it not be worth while for the medical profession of America to put a pin in here. Mr. Mundé may want day and date for this, if so, kindly refer him to me.—*London Correspondence Weekly Medical Review.*

Dr. Nathan S. Davis has done honor to America. We have always supported the American Medical Association. We do not wonder at the high eulogy passed on Dr. Davis by his confrère, Dr. Campbell. We have had the honor and pleasure of entertaining Dr. Davis for a few days, and have thus the better obtained an insight into his character. Joined to a noble simplicity of character, and to a rare modesty, he possesses a strong individuality, marked by his convictions. Conservative in medicine, yet posted up in modern theories, he can, from a ripe experience of over fifty years, entertain and instruct. His natural eloquence secured for him the applause of all the meetings he addressed at Brighton, which he won, not by Americanisms, or *ad captand.* appeals. He is a worthy successor to Dr. Austin Flint. American medicine honored herself in honoring him. We here form ideas about American writers which are erroneous. The men best known in England are not the best men in America. The profession in America are the most capable judges of who the best men are, and if we can take Dr. Davis as a sample of the "down West" men, then we can understand why the profession in America were unanimous in their determination to resist dictation from the East. Dr. Davis leaves Europe with the best wishes of the profession for the success of the Congress.—*Provincial Medical Journal.*

Dr. Billings and the Medical Profession of the Mississippi Valley.—Why Billings should have singled out this great Valley (or any part of the country) to illustrate his tomfool notions of the alliance of malaria and ignorance, would be difficult to divine. Was it on account of these notions that he, when a member of the "Original Committee," in 1884, in the office of Dr. I. Minis Hays, in Philadelphia, condescended to give the South and West a *few* positions in the Congress? Was it on this account that they printed and sent out their list, agreeing between themselves, that while it would cause dissatisfaction the physicians of the South and West would not dare to rearrange their work? Could the "downing" he got at New Orleans have had any influence over his own malaria stuffed stomach? It would be well for him to remember that those who live in glass houses should throw no stones. Perhaps the doctor will feel better after the Congress is over? If not he should move away from Washington Flats and quit eating bull-frogs.

Both space and time is lacking for the full consideration of the adroit cunning and subterfuge-diction practised by his using the term "malaria." . . . . We will, therefore, for the present only assert that the sweeping charge of a low comparative standard of education upon the part of the physicians of the Mississippi Valley is not borne out by the facts, and that Dr. Billings knew so at the time he made it.—*Mississippi Valley Medical Monthly.*

Dr. Billings's Address.—The Doctor could not rise above the petty jealousies that characterize the pigmies of medicine. He could not resist the temptation to strike a blow at those who defeated his scheme of organization of the Congress upon a basis which many of the very best men, even of the North, say was not *just*—inasmuch as it was not a national representation. Forgetting every consideration of patriotism and of justice, he stooped to the devices of small souls, and cast a slur upon the profession of the Mississippi Valley.

Dr. Billings has disappointed many. It seems he could not rise to the dignity of the realization of the fact that he was expected to represent American medicine, and he stooped to represent a section—a clique! He drew invidious distinctions, and said, in effect, that all the science of the profession resides above, and beyond the malarial belt! He drew a map, and marked out the sections where malaria prevails—all through-

out the South and West—the great Mississippi Valley. Where malaria is rifest, the map was blackest; and—according to his deductions—science scarcest.

St. Louis, Memphis, Vicksburg, New Orleans, Chicago—many large cities are in the malarial regions. Did the Doctor really mean to say there are not many physicians in those cities—(not an "exceptional" one)—and even in smaller towns, and even in the country—the peers of most of those North and East? The transactions of the State Medical Association of the "Mississippi Valley States" disprove the assertion.

Dr. Billings has, by this part of his address, brought ridicule, when we expected him to reflect credit. We venture even his British auditors—being familiar with the quarrel over the International Congress, and Dr. Billings's cause for feeling offended—either smiled at what must have seemed a weakness, or *blushed for his effrontery*—blushed, that he should hold up that map and say, "this black spot represents the home of sickness in my country; and it represents, also, and is the limit to the *unenlightened part of the medical profession!*"—and this, too, in the presence of the gigantic Davis, the Father of Medicine in the Mississippi Valley!

And Flint?—the Great Dead? Ah! he must have groaned aloud in his coffin as his successor so slandered twenty thousand of his constituency!—*Daniels's Texas Medical Journal.*

Dr. Nathan S. Davis.—The leading position assigned to Dr. N. S. Davis, of Chicago, by his countrymen as President-elect of the approaching International Medical Congress at Washington, and the prominent position of honor assigned to him at the annual meeting of the British Medical Association at Brighton, will make many of our readers desire to know more of the professional life-history of this venerable and respected physician. Dr. Davis received the Degree of Doctor of Medicine from the Regents of the University of New York in 1837, and has been engaged in the practical duties of the profession from that time until the present. In 1844, while a member of the New York State Medical Society, he originated the movement that resulted in the permanent organization of the American Medical Association in 1847. At the annual meeting of that Association in 1851, he read a valuable paper, giving the results of original investigation in regard to the effects of different kinds of food and of alcoholic liquors on the temperature of the human body, etc. His contributions to medical literature since have been valuable and numerous. In 1850, he was elected Professor of Principles and Practice of Medicine in the Medical College in Chicago, and Professor of Clinical Medicine in the Mercy Hospital, which positions he continues to hold at the present time. He was President of the American Medical Association during the years 1864 and 1865. In 1879 he received the honorary degree of LL.D. from the Illinois Wesleyan University. He is an honorary member of the New York Academy of Medicine, of the College of Physicians, of Philadelphia, and of many other scientific and medical societies in his own country. In 1883, the American Medical Association having decided to publish its transactions in the form of a weekly medical journal, Dr. Davis was chosen its chief editor. In 1886 he was appointed Secretary-General, and, after the death of the late Professor Austin Flint, he was unanimously elected President of the Preliminary Organization of the International Medical Congress to be held in Washington in September, 1887. The above is a brief description of Professor Davis's career. It remains only to state how highly he is esteemed by his compeers in the United States. He stands now as the recognized head of the profession in his country, the successor of the lamented Flint and the other great men who preceded him. Probably no physician in the United States has done more to keep up the tone of the profession, and to make the profession one solid, earnest body, desirous of advancing science, benefiting humanity, and adding to the glory of the country.—*British Medical Journal.*

Piscidia Erythrina as a Neurotic, Tonic, Exhilarant, Analgesis, and Hypnotic.—Two years ago I sent to P. D. & Co. for packages of *Piscidia erythrina* and fluid extract Jamaica dogwood, to try on patients who could not pay for the luxury and on whom I might experiment a little, and tried both on myself. I found the fluid extract of Jamaica dogwood to be slightly exhilarant and satisfying to the central nervous system in conditions of weariness. A slight sense of cerebral fulness followed its use in two drachm doses; a tingling sensation plainly perceptible when sought for, and diminished sensibility to esthesiometric tests followed by an inclination to rest and sleep.

In cases of exhaustion and delirium following drink, and the long habitual use and withdrawal from opium, I have used it in a combination, but never got satisfaction from it uncombined, in very high degrees of pain or extremely low states of nervous depression.

The salutary psychical therapy, of a physician's visit, and prescriptions following it, must be considered in discussing its power over the uterine contractions, but it undoubtedly has some power to effect central-nerve tranquilization as well in man as in fishes.

The piscidia is locally benumbing when taken on the tongue and to abraded surfaces something like cocaine, but less powerful.

Coca, celery, dogwood, and Hoffman's ano-

dyne make a happy combination for nervous depression, which I have often used with great satisfaction, differently proportioned, especially in the opium habit and the shattered nervous state following excessive alcoholic indulgence.

In the opium habit I use especially a formula, as follows:—

℞. Ext. coca, fluid . . . . ℥ij.
Celery, comp. (Morris) . . ℥j.
Extract dogwood, Jamaicæ, fluid (P. D. & Co.) . . . ℥j.
Spt. eth. comp. . . . ℥j.
Tr. opii. . . . . ℥j.

M. Sig.—Tablespoonful every four hours first day, and once during night if required. The same way on second and third days, if absolutely necessary to maintain tranquillity and sleep.

℞. Ext. coca, fluid . . . ℥j.
Celery, comp. . . . ℥j.
Ext. dogwood (Jamaica) . . ℥j.
Spt. eth. comp. . . . ℥j.

M. Sig.—Tablespoonful—to replace each dose withdrawn, of the preceding prescription.

As soon as practicable withdraw coca from the prescription and then the Hoffman's anodyne, and finally all but the celery.

Quinine in ten grain doses in the beginning, about 10 A.M. and 3 P.M.; reduce to five grains twice daily; later, to one daily, and finally discontinue.

Piscidia has neither the good nor the bad properties in full of opium, but it will do to produce effects somewhat similar but in lesser degree, and it must be taken in very full doses to do that.—C. H. HUGHES, M.D., *American Practitioner and News.*

THE INTERNATIONAL MEDICAL CONGRESS.—Is it not preposterous for the Medical Record and those whom it represents, is it not even more than preposterous, is it not audacious, for it and them to pretend for one minute that the coming International Medical Congress will not be graced by the presence of great men, men of world-wide reputation, men who care not for the personal bickerings of the disappointed, but who recognize in this Congress a great scientific opportunity for learning and teaching?

From the London Lancet (certainly an impartial source) we draw the information that such distinguished men as Drs. B. W. Richardson and Thudicum have accepted the positions of Vice-Presidents of the Section of Public and International Hygiene, and Mr. Simon will probably accept a similar position. The Lancet also goes on to say:—

"We are glad to be able to report a very general desire among leaders in London to be present at Washington in 1887. Whatever hesitation they felt some time ago in view of the divided state of feeling in America is now steadily giving place to a desire for the success of the Congress, and a wish to do anything they can to further it. We feel quite justified in saying that our best men in England and Scotland are preparing to go, if they get any indication that their presence will be acceptable. Sir James Paget, Sir Andrew Clark, Sir Spencer Wells, Professor John Chiene, Professor Fraser, and we believe Sir William Turner, are all, according to our information, likely to go.

"It is not America alone that is interested in the success of the meeting at Washington, but the profession throughout the whole world, and we might add the world itself. When our profession meets internationally, it is of good omen. We not only stimulate fraternity and scientific rivalry amongst ourselves, but every thought in advance and every medical discovery is a great boon for the human race and for all nations. We urge on members of our profession in the empire to strain a point to be at Washington on or before September, 1887, where, if report is to be trusted, a very hospitable reception awaits them."

Does this look as though the Congress was destined to be the failure that the Medical Record, the Medical News, and some similar aristocratic journals would have wished?

Not much! The great medical men of Europe would, of course, be glad to meet the great medical men of this country—that is *all* of them; but they have too much good sense to stay away from a scientific gathering, to miss the opportunity of seeing and knowing the profession of America, because a few disappointed men wish them to do so. They will come, they will be royally welcomed and entertained, and when they ask *certain editors*, with surprise depicted on their countenances, how they could ever have said that such a glorious gathering as this will be was doomed to a dismal failure, or even (think of it) not to be at all, we will be behind the door to hear what answer will be made.

Our foreign friends were well acquainted with the late Professor Austin Flint, and they regarded him very highly; and when they found that the Congress was good enough for him, they sensibly concluded that it was also good enough for them, notwithstanding the outcry of a disappointed clique.—*Med. and Surg. Reporter.*

THE MISSISSIPPI VALLEY MEDICAL ASSOCIATION AND THE AMERICAN MEDICAL ASSOCIATION.—One of our Eastern exchanges suggests that the making of the Mississippi Valley Medical Association, the great society of the West and South, second only in importance and character to the American Medical Association is expressive of a lack of loyalty and devotion to the latter. Such is not the case, and why should it be? The

same argument might be directed against the formation of the various State societies. No, we believe that the county, district, State, and sectional societies organized under the rules and regulations governing the American Medical Association will not only be productive of great good to the members composing them, but will stimulate and strengthen their interest in the parent governing organization and redound to its good.

Did we not so believe we would discourage the formation of such societies. Every physician would be in every way benefited by at least three trips each year away from business in attendance upon as many societies, the habit of attending medical societies, like every other habit, grows by its indulgence.

Viewed then from the standpoint of the individual physician, the auxiliary societies, or the national body, there can be no argument established against auxiliary organizations.

However the West and South propose not only to develop their Mississippi Valley Medical Association, but also to manifest their love and devotion in every possible manner to the American Medical Association.

Because a few overgrown, able, but truly small men of the Eastern cities withdraw from the national organization, finding that they have not the ability to control it, and suddenly feel an aversion to "medical politics," and at once organize a mutual admiration society of medical mugwumps and man-milliners, antagonistic in spirit and fact to our National Medical Congress, the American Medical Association, is no reason against the formation of societies in any and all parts of the country, subordinate to the proper authority.

The arrogant contempt for all the profession outside of the "centres" prompted these gentlemen to secede from the national body, and they even carry their feelings to the point of trying to compass the disgrace of that body in working against the International Medical Congress of 1887, meeting in America under its auspices.

But ye self-elected wise men of the East, ye giants, professional, commercial, and political, we give you fair warning, the tables are turning, go on manifesting your narrow, ungenerous provincialism, your disloyalty to national interests, professional, commercial, and political. Your sectional hidebound conduct is having an effect you little dream of in strengthening and solidifying the unity of all interests west of the Allegheny Mountains. The jobbing houses of the seaboard are finding out in a practical way that the cities of the West and South have become ports of entry, and are commercially strong, able, and self reliant. Eastern statesmen, you will soon learn that our own Benton, thirty years ago, was right when he said in the United States Senate, pointing toward the setting sun, "There is the East—there is India!"

Medical teachers, leaders, and Anglo-maniacs east of the Alleghenies, your ability none will question, but your judgment is open to criticism. We warn you that our McDowells, Grosses, Hodgens, Flints, and Sims, and Barrets, now have ceased to be the exception, they have plenty of congenial company, they are no longer emigrating to the centres for the securement of larger fields; they are uniting in the building up of educational institutions, medical societies, and medical journals in their midst, which, while engaged in advancing local interests will ever take pride in the profession of America as a whole.

This union of the great West, Northwest, and South, is very near at hand, and when it has been accomplished you will find that our people are as broad as our prairies are boundless, and as generous as our fields are bountiful in their harvests.—*Weekly Medical Review.*

On the Value of Boric Acid in Various Conditions of the Mouth.—Boric acid is now officinal, and justly so. It has long been used in various metallurgical and ceramic operations, and more recently its preservative power has been abundantly demonstrated. It is this antiseptic power which gives it its great therapeutic value. It is a very stable compound—one of the most stable of the acids; it is not volatile, and only exerts its action when in solution; fortunately, however, it is soluble in more than one menstruum. Up till now its chief application has been in connection with modern surgery, where the boric ointment, lint, and lotions all hold a prominent place. There are spheres for usefulness for it, too, in medicine; and one of these is in diseases of the mouth. It is the benefit of its local action we usually wish to gain, for, though sometimes given internally—as in irritable conditions of the bladder—its topical antiseptic effect is more often desired. In connection with its local application in various diseased conditions of the mouth, its solubility in water and glycerin, its unirritating character, its comparatively innocuous nature, and its almost tastelessness, are greatly in its favor. More particularly is this the case in treating such conditions in children, whose oral cavities cause them so much annoyance. Speaking generally, boric acid will be found useful in all conditions of the mouth, fauces, pharynx, and nose, where there is any abrasion of the epithelium, whether it be used as a powder, gargle, mouth-wash, pigment, or corrective. More definitely, I may say, it is not contra-indicated in any of the forms of stomatitis, though scarcely severe enough for the graver varieties.

In simple catarrhal stomatitis, a mouth-wash, containing from ten to fifteen grains to the fluid

ounce, speedily cures the condition, and exercises the same beneficial influence in the ulcerative form, though there, in addition to the rinsing of the mouth, a local application in the form of the powder or pigment, should be made to individual follicular ulcers. The powder simply consists of finely powdered boric acid, mixed in various proportions with starch; the pigment is a solution of boric acid in glycerine (one in four or five). In both cases, the addition of chlorate of potassium is advantageous; indeed, I usually combine it, but it is not essential.

Nothing I know of is at once so rapid and so efficient in the treatment of parasitic stomatitis or thrush as this remedy. The youngest children do not object to its application, and, occasionally, you have to caution against its too frequent use. The oidium albicans quickly succumbs to its influence. I am well aware of the great value of nitrate of silver in many of these conditions, but I am also alive to its extremely disagreeable and persistent taste, and the dislike which precocious children at once take to it. For thrush in children, I especially recommend boric acid, either as a mouth pigment or as a confection. Honey and sugar have both been condemned, as being inadmissible, in combination, for the treatment of thrush, but, as far as children are concerned, I may say I consider a confection (though made with honey) which has been impregnated with boric acid, gains more by its palatableness than it loses by the tendency of the saccharine matter to further the growth of fungus. The boric acid at once does away with this tendency. Let the pigment be frequently painted with a brush over the patches, never omitting to do it after food has been taken, or a little of the confection simply allowed to dissolve in the mouth, and the days of the fungus will soon be ended. I have found boric acid, combined with its salt (borax), markedly beneficial. Borax alone, however, is not nearly so good.

In pharyngitis and relaxed condition of the throat, a gargle, containing boric acid and glycerin, with either tannic acid or alum in addition, ought not to be forgotten.

Let me allude to another condition, in which I have found combinations of this substance helpful and grateful to the patient. I refer to the condition in which we frequently find the mouth, tongue, and teeth, in severe cases of typhoid fever. The mouth is hot, the lips dry, cracked, and glued to the sordes-covered teeth by inspissated mucus and saliva, the tongue dry, or even glazed and hard, brown or black; crusted with fetid fur. Under such circumstances, a pigment, containing—

℞. Boric acid . . . . gr. xxx.
Chlorate of potassium . . gr. xx.
Lemon juice . . . . ʒv.
Glycerin . . . . . ʒiij.

yields very comforting results. When the teeth are well rubbed with this, the sordes quickly and easily become detached; little harm will follow from the acid present. The boric acid attacks the masses of bacilli and bacteria, the chlorate of potassium cools and soothes the mucous membrane, the glycerin and lemon-juice moisten the parts, and aid the salivary secretion. I consider this application well worth a trial.

So much for the soft parts; a word in conclusion regarding the teeth. Few medical men, I suppose, have ever given a prescription for a tooth powder (such a matter is beneath their notice), and the selection of the ingredients for the various powders and pastes in vogue for the purpose of beautifying and cleansing the teeth, is left entirely in the hands of those who certainly should not know better than medical men. I have frequently trespassed on this debatable ground, and recommended a particular dentifrice. In view of the extremely important part the teeth play in the economy of life, I never hesitate occasionally to inquire as to the attention they receive.

A tooth-powder should possess certain characteristics; it should be antiseptic, cooling, agreeable to taste and smell, and have no injurious action on the teeth. After use, it should leave the teeth white, and a sensation of freshness and cleanliness in the mouth. As an antiseptic in this connection, nothing can displace boric acid. For years I have used the following powder, and can recommend it:—

℞. Boric acid, finely powdered . gr. xl.
Chlorate of potassium . . ʒss.
Powdered guaiacum . . gr. xx.
Prepared chalk . . . . ʒj.
Powdered carb. magnesia . ʒj.
Attar of roses, half a drop.

The boric acid in solution gets between the teeth and the edges of the gums, and there it discharges its antiseptic functions; the chlorate and guaiacum contribute their quota to the benefit of the gums and mucous membrane generally; the chalk is the insoluble powder to detach the particles of tartar which may be present, and the magnesia the more soluble soft powder which cannot harm the softest enamel.

It is only right to say that boroglyceride (Barff) can replace boric acid in almost all the forms of administration I have enumerated; it is efficacious, sightly and pleasant to the taste.—A. D. MACGREGOR, M.D., *British Medical Journal.*

THE PLAINT OF AN AGGRIEVED UTERUS.*—In presuming to ask your attention to a communication from one not of your number, I feel that a few words of introduction would be proper.

I am, or at least I think I am, a much wronged

* Recently read before the Medical Society of the State of West Virginia, by L. D. Wilson, M.D., of Wheeling, W. Va.

Uterus. For a long time I have felt that the medical profession was not acting with fairness toward me; that, on the contrary, I am made the object of unjust suspicion and annoying espionage. I am the victim of constant fault-finding and accusation. Contrary to all rules of law and justice, I am continually called on to prove my innocence—am never allowed the benefit of a plea of "not guilty." Certain members of your profession have gained the ear of my hostess, and have inculcated a bitter prejudice in her mind against me, so that I am looked on by her, on all occasions and under all circumstances, as the one peccant organ concerning which nothing good could be credited, nothing evil disbelieved.

My inhate modesty and shrinking timidity have thus far prevented me from giving voice to my complaints, and I was not without hope that meekness and patience would one day bring their promised reward. But events of late seem to shape themselves more and more adversely. Any anticipation that time would bring relief seems about extinguished, and I am almost ready to prolapse under my accumulated troubles. Oppressed by gloomy forebodings, I yet felt that existence was worth at least a little more of struggle and effort, and, while revolving in my mind what I should do, the idea suddenly occurred to me to lay my grievances before you, in the hope that I might gain a hold on your sympathies, and possibly secure a champion who would enlist his efforts in my cause.

To specify, then, more particularly the matters I complain of, shall be my first business.

You are all acquainted with my hostess. You know she is rather thin in flesh, not very well nourished, with feeble and easily disordered digestion, nervous, whimsical; her social and domestic relations not always pleasant, with a good deal of unoccupied time on her hands (she doesn't keep house), a couple of children (who are taken care of by their grandmother), and much afflicted with headaches. You know, also, that she very rarely acknowledges that she feels well.

To give you an idea of how we have been getting along together, it will be necessary to go back a few years.

For a considerable period after I began to perform my physiological duties, we got along well enough. But by and by, late hours and undue indulgence in sweetmeats began to tell on my lady's digestion, and, as a consequence, the supply of the particular material necessary to the proper performance of my duties becoming deficient, both in quantity and quality, I could not perform them well, and we had a little trouble. The old family doctor, who was consulted about it, told her mother, among other things, that late hours and excitement, and dissipation were bad for her, but things went on in the same way, nevertheless, I, meanwhile, doing the best I could. One day, however, my hostess heard of some great man, who had been away off somewhere, and who could effect almost anything in the line of relieving afflicted females short of a miracle; so she began to complain more and more in the hope that she might induce her parents to send her to him. And an unlucky day it was for me when she succeeded, as she did.

So away we went—the Great Man was seen—and with a wise shake of the head, he said: "Miss, it's your womb." Well, I was astonished—I wondered what I had done—I couldn't think what he meant. I wasn't very long in finding out what he proposed to do in the matter though. A short time afterward I felt something cold, and then I saw a great round opening to the light, and immediately the Great Man's eye came into view. I was so startled and confused, I didn't observe much that he did, but before he quit he had pushed a hard, smooth stem up into my cervix, and I had to wear it there ever so long.

I believe after awhile that my hostess began to think she was better. She went back home at any rate, and began the same routine of life she had followed before. My work was often interfered with by imprudences on her part similar to those which had caused our first trouble, and we didn't get on at all as we should have done. So after awhile away we went to see the Great Man again. This time he introduced me to a crooked, twisted sort of a thing. I heard him say it was a pessary, and he made me ride on that to correct my mal-position as he called it. I didn't like this treatment a bit, and soon let them know it, so they very soon took the thing away, and my hostess went home again rather hastily.

I wondered why she didn't stay longer, as she did the other time—and that was soon explained, too—there was to be a wedding. Well, that came off in course of time, and as I never gossip about family affairs, even if I am ill-treated, our narrative will be interrupted for a time.

Not so *very* long after this—just as I had expected, too—I found I had another duty to perform. I was glad of it, too, for I hoped by doing my best (as, indeed, I had always done), I might regain my hostess's regard. How well I did, you can see for yourselves any fine day, if you will only peep over into his grandmother's yard—as fine a boy as anybody's boy. But I wasn't altogether fortunate in my endeavor, for I had the misfortune at one period of my efforts to lacerate my os a little. This I looked on as a trifling occurrence at the time, as it soon healed up again and seemed all right, but eventually I found out my mistake.

My hostess, through nursing and some domestic disappointments, did not seem to get along very well, and after some months we went to see the Great Man again. And would you believe it? "Madame, it's your womb," again. And then he began talking about some other great man. I think he called him Emmet, but I was so set back at the idea of being accused of causing all the trouble my hostess was having, that I didn't attend to much that was said. The result of this conference was that I was vigorously attacked with a lot of sharp tools, scissors, needles, knives, and the like. My os was cut where it had been torn, it was stitched up again, and my hostess spent a month in bed. I never could understand what the man did this for, but it all healed up very much as it had done before; and the rest in bed did madame much good. But I had it all to undergo again after the little girl was born. That time my os was again torn, and it hadn't healed up very well, though I believe, if they had only kept madame at rest and given us a little more time, it would have been all right.

Since then we have been getting along very much as before. Sometimes pretty well—sometimes not. We've been to see the Great Man a time or two since, but he doesn't seem to know what else to do. I've been torn open and I've been sewed up, and that seems to have taken him about to the end of his string; so matters are about as I described in the beginning. The old doctor drops in now and then to see the children, but he doesn't seem to concern himself much about madame. He tells her mother she will come around all right one of these days. I occasionally hear him tell about the doings of some of the great men of your profession, gynæcologists he called them. The Great Man we went to was one of them. I heard him once tell about how one of these, I think he called him Sims, used to slit open our cervices to cure all our hostess's complaints, and then, right after him, came the other man I mentioned, Emmet, who cured these same complaints over again by sewing up those slits. I could see that the doctor didn't think much of their performances, but I guess they made a great deal of money by them.

When I first thought of communicating my grievances to you, I concluded I would examine into this gynæcology business a little, and find out, if possible, what it meant. That a certain number of your profession should call themselves by such a queer name I thought singular, and I concluded I must be a very complicated organ indeed, to demand so much talent to be especially devoted to my welfare. It would seem that I am born to be astonished, for astonished I certainly was, when I found, on looking a little into my anatomy and physiology, that I am about as simply constructed as it is possible to be. I have a mucous lining, a muscular wall, and a serous covering, so the books say, with a few little mucous follicles and a reasonable supply of blood-vessels and nerves. That is all.

As to function, I seem to be of no use at all, as far as the well-being of my hostess is concerned. I perform no vital office—have nothing to do in any of the processes which are necessary in maintaining life—am not connected with any of the organs so engaged—and am even shut out of the apartments where all this work is going on. In fact, I discover that my hostess could get along as well, if not a great deal better, without me, and I believe that, latterly, she has begun to suspect something of the kind herself. I find that I am only a nest, nothing more—a place where an egg is hatched. And I find, furthermore, that there is no special peculiarity in my structure which makes my agency necessary for that. I find that an egg can hatch just as well tucked up in a fold of the peritoneum in the abdominal cavity as it can in mine. I know it is better for the egg and better for the woman, that the hatching be done in the nest, but, nevertheless, the fact remains, that what can be done in me can be done almost anywhere else. I am merely a convenience in a single respect and a very decided inconvenience in all others. When I look at the matter in this way, I don't wonder that my hostess seems at times a little nettled at me, particularly when gynæcologists induce her to believe me the author of so many of her ills.

Being such a simply constructed organ, then, and having such a limited field of usefulness, it cannot be otherwise than that I am subject to very simple derangements; and that the effects of these should not differ in any material respect from similar derangements in similar structures anywhere else. An abrasion or laceration in the mucous membrane of my hostess's mouth ought to produce pretty much the same effects as when they are located in my os, and they ought to be amenable to pretty much the same treatment. I won't stop here to give my notions in detail about the various disorders, real and imaginary, for which I have been treated; I do not want to tire you.

In my search for knowledge about myself, I accidentally glanced one day into an instrument-maker's catalogue. Here was a find. It made me dizzy to look through it. Such a lot of queer, crooked, ugly, and savage-looking things, no uterus ever imagined. I thought I would look over the list of such instruments as are used in the treatment of the less serious disorders attributed to my kind, and this is the result: There were 62 speculums (one of these is what the Great Man looked at me through), 31 dilators, 7 uterotomes, 8 scarifiers (scare-ifiers I first read it),

113 pessaries, and sounds, and depressors, and elevators, and replacers, and uterine forceps, and curettes, and applicators, and syringes, and retractors, and, oh, I couldn't name them all in an hour. I counted 273 of them, and then quit. I was impressed with one thought, and that was, that these gynæcologists must be a wonderfully industrious set of men. Remember, too, that I only counted those instruments which are used in minor uterine surgery, as it is called; I got tired before I came to those used in removal of tumors, vesico-vaginal fistula and the like; there must be one or two hundred more of these.

I started to find out if I could what gynæcology was founded upon, and I found that if I were left out, there would not be much of the specialty left. It was about what I had expected, and yet it made me uneasy. I wish I didn't occupy such a prominent situation. The gynæcologist, you know, looks at the world through a speculum, and, as I am always at the other end of it, he has some excuse, I suppose, for considering me to be the foundation on which the structure of his fortune and fame must rest. But this thing of having a lot of busy, inventive, ambitious men continually at work contriving new reasons for doing new things to me, and devising new instruments to do them with, opens up a prospect which is far from reassuring.

What I most dread is the legitimate and inevitable result of this state of things. Under the stimulation of emulation, honorable and otherwise, every square inch of my os, cervix, and mucous lining is continually interrogated, and its various states of anæmia or hyperæmia, congestion, active or passive, redness or paleness, minutely dwelt upon, the tilt of my body wisely scrutinized, the depth of my fundus carefully probed, every segment of my muscular wall solemnly investigated, mucous follicles inspected, epithelial lining examined, secretions analyzed and differentiated, every constituent part of myself worked over and compared with some ideal standard, which each individual investigator has set up in his own mind as representing the normal condition. All this concentrated attention directed to an organ which is three inches long, two inches broad, an inch thick, and which weighs from an ounce to an ounce and a half. . . . .

I should be sorry if anything I have written should give you the idea that I have not a very high regard for your profession. I admire this never satisfied spirit of investigation which possesses so many of you medical men very much. It is a grand endowment, and too much cannot be said in praise of its efforts and achievements, only, I think, I have been receiving a little too much of its attention lately. How would it do to have a little change? Suppose you try the plan of resting yourselves by changing the field of inquiry. Now, there is my friend at the other end of the avenue, the Hymen. Why not take that up as a subject of investigation? Here we have bloodvessels, and nerves, and mucous membrane, and epithelium; surely there must be some pathology where we have so many of these. Then it is constantly exposed to injuries of various kinds—lacerations even. These alone would furnish a fine field for such of you as may be fascinated by such dreadful things.

Then there are my neighbors, the Ovaries—no, I'd rather not—that's a little too near home. But there are the liver and kidneys, and a dozen other organs; organs, too, which are complicated in structure and function, and which you cannot get at very readily to do harm to; these will bear any amount of scientific inquiry, and, by engaging in it, you stand a much better chance of advancing the claims of your profession than you will by poking around me all the time. And there is the nervous system. This is another fine field; perhaps the most promising—certainly the most mysterious of all—and I am strongly of the opinion that if it is diligently worked you will find here the origin of the greater part of the mischief which you now attribute to me. . . .

To be candid, I don't care what you do, or what organ or system bears the brunt of your scientific questioning, just so I escape. I have become the embodiment of undiluted selfishness. All other organs may defend themselves as best they can. They never tried to help me any, and I am not sure that some of them haven't done what they could to get me into trouble.—*College and Clinical Record.*

BOOK REVIEWS.

Traité Elementaire d'Anatomie Medicale du Systemè Nerveux. By CH. FERE. Edited by A. DELAHAYE and LECROSNIER. Paris.

This work is one which will prove of great value to anatomists and physiologists concerned with investigations pertaining to either normal or pathological conditions of the nervous system. Besides establishing a claim to considerable originality of scientific research, the author embodies in this work the practical results obtained by such distinguished fellow workers as Charcôt, Nothnagel, M. Raymond, Erb, and Heitzmann. The subject of cerebro-spinal localizations receives due attention, and the manner of presentation is such as will recommend itself to both physiologists and clinicians. The author has not been sparing of illustrations which number some two hundred or more throughout the five

hundred pages of text. We cheerfully recommend this publication as one calculated to fill a long needed want in medical literature.

Massage as a Mode of Treatment. By WILLIAM MURRELL, M.D., F.R.C.P., Lecturer on Pharmacology and Therapeutics at the Westminster Hospital, etc. Philadelphia: P. Blakiston, Son & Co., 1886.

This valuable monograph is a complete *résumé* of the subject of massage. It contains chapters on the history of massage, the method of performing it; its physiological action, and its value in rheumatism, paralysis, neurasthenia, constipation, spinal irritation, organic diseases, joint affections, and uterine complaints.

A Manual of Dietetics. By J. MILNER FOTHERGILL, M.D., Physician to the City of London Hospital for Diseases of the Chest, etc. 255 pages. Price $2.50. New York: William Wood & Co., 1886.

If this book was written for any other purpose than to ride into popularity upon the wave of dietetic reform the author's intentions have been sadly frustrated. It contains nothing new that is good, and that which is good has been the common property of the profession and the public from time immemorial.

The Genuine Works of Hippocrates. Translated from the Greek, with a Preliminary Discourse and Annotation. By FRANCIS ADAMS, LL.D., Surgeon. In two volumes. Vol. II. New York: William Wood & Co., 1886.

The Nature, Pathology, and Treatment of Rheumatism. By T. J. MACLAGAN, M.D. New York: William Wood & Co., 1886.

A Treatise on Electrolysis, and its Applications to Therapeutical and Surgical Treatment in Disease. By ROBERT AMORY A.M., M.D., etc. New York: William Wood & Co., 1886.

Handbook of Practical Medicine. By Dr. HERMAN EICHHURST, Professor of Special Pathology, Therapeutics, and Director of the University Medical Clinic in Zurich. New York: William Wood & Co., 1886.

These four scholarly and interesting volumes have been issued as the April, May, June, and July numbers of Wood's Standard Library, and are an illustration of the scope and value of this popular series.

A Treatise on Diseases of the Nervous System. By WILLIAM A. HAMMOND, M.D. With one hundred and twelve illustrations. Eighth edition, with Corrections and Additions. New York: D. Appleton & Co., 1886.

This valuable work contains seven sections. The first section is devoted to a consideration of diseases of the brain, the second to diseases of the spinal cord, the third to cerebro-spinal diseases, the fourth to diseases of the peripheral nervous system, the fifth to diseases of the sympathetic nervous system, the sixth to toxic diseases of the nervous system, and the seventh to certain obscure diseases of the nervous system. Each section contains an elaborate description of the symptomatology, etiology, pathology, and treatment of the various maladies comprised in it.

Analysis of the Urine with Special Reference to the Diseases of the Genito-Urinary Organs. By K. B. HOFMANN, Professor in the University of Gratz, and R. ULTZMANN, Docent in the University of Vienna. Translated by T. BARTON BRUNE, A.M., M.D., late Professor of Practice in the Baltimore Polyclinic and Post-Graduate Medical School, and Lecturer on Clinical Medicine in the University of Maryland, and H. HOLBROOK CURTIS, Ph.B., M.D. Second edition, revised and enlarged. New York: D. Appleton & Co., 1886.

This valuable monograph is without a superior as a guide to analysis of the urine, as a means of diagnosis of the various diseases of the genito-urinary organs, and will be found invaluable by every practitioner of medicine.

A Manual of Minor Surgery and Bandaging. By CHRISTOPHER HEATH, F.R.C.S. Eighth edition. Philadelphia: P. Blakiston, Son & Co., 1886.

This popular and valuable manual is almost indispensable to the practitioner, as well as to the student of medicine. It contains a complete description of all the minor operations, a chapter on the arrest of hemorrhage, and chapters on the dressing of wounds, the retention of urine, the treatment of cases of poisoning, the administration of anæsthetics, and the management of fractures and dislocations. It is written in an attractive style, and contains one hundred and forty-two illustrations.

Hand-Book on Diseases of the Ear; for the use of students and practitioners. By URBAN PRITCHARD, M.D., F.R.C.S., Professor of Aural Surgery, King's College, London, etc. Philadelphia: P. Blakiston, Son & Co., 1886.

This valuable hand-book contains a concise but comprehensive description of the symptoms, cause, and treatment of the diseases of the ear. It contains a number of excellent illustrations, and will well repay perusal.

The Medicine of the Future. By AUSTIN FLINT, M.D., LL.D. New York: D. Appleton & Co., 1886.

This scholarly essay, which was prepared by the late venerated Austin Flint for the Brighton meeting of the British Medical Association merits a place in the library of every practising physician.

COMMERCIAL NEWS.

The French have taste in all they do,
While we must go without;
Nature to them has given goût;
To us she's given gout.

Rapid Dilatation of the Uterine Canal.

In a clinical lecture, published in September number of The Medical Bulletin, Professor William Goodell, M.D., says:—

"I pass the dilator as far as it will go and then dilate a little, and continue to repeat this process until the ends of the instrument pass the internal os. The uterus, besides being retroverted, has a little bend, and I shall, therefore, turn the dilator inside of it, so as to bring the organ into its normal position. Having prepared the way by the smaller dilator, I introduce a stronger instrument and gradually dilate.

"In my opinion, this is, above all others, the operation for dysmenorrhœa and sterility. Sponge tents are hazardous, painful, and unsatisfactory. Last Saturday I performed dilatation in a case which had been treated with sponge tents without benefit. In the use of tents there is always a liability to produce septicæmia. Rapid dilatation is, however, not infallible, although in the majority of cases it succeeds. When I say that I expect to cure this girl, I do not mean that I shall relieve her of every vestige of pain, but she will have so little pain that she will not even have to take gin, which is, by the way, an excellent stimulant under these circumstances. She will have to go to bed. I was recently sent for to perform this operation in a case where the physician thought the patient could not live through another attack. I dilated up to one and one-fourth inches, and the patient has since had no trouble. In another case, the menstruation went from bad to worse, until, in the period before I saw her, two physicians were in attendance for forty-eight hours, giving chloroform. One dilatation cured her, and she never had to take another dose of medicine for the pain. I can recommend this operation to you for its successful results and its freedom from danger."

[The dilators referred to in this lecture are the ones made by Messrs. Charles Lentz & Sons. Cuts of them can be seen in their advertisement in this issue of The Bulletin.]

During the month of September three hundred and thirty-five new subscribers were added to The Medical Bulletin's subscription list.

A Handsome Exhibit.

The most magnificent display of the kind it has ever been our pleasure to see, was the exhibit of surgical plasters, etc., made by Seabury & Johnson before the Providence, R. I., meeting of the American Pharmaceutical Association.

It was most artistically arranged, under the supervision of Mr. George J. Seabury. Occupying the entire stage of Music Hall, it attracted much attention, and brought forth universal expressions commendatory of the enterprise of the exhibitors, the taste displayed in the arrangement of their exhibit, and the excellency of their goods, which, by the way, enjoy a world-wide reputation.

In Michigan they assess a dog $1.00 for being a dog. In Tennessee they assess a man fifty cents for being a doctor. It costs half a dollar more to be a dog in Michigan than a doctor in Tennessee. Don't be a dog.—*Battle Creek Moon.*

Hall of the Franklin Institute, Philadelphia, July 30, 1886.

The Sub-Committee of the Committee on Science and the Arts, constituted by the Franklin Institute of the State of Pennsylvania, to whom was referred for examination Himrod's Submerged Filter, report: . . .

The water to be filtered traverses from the outside to the central chamber in a tortuous course, being compelled to pass four (4) times through a filtering bed of the height of the filter. . . .

The main feature of this filter is compactness, and especially ease of opening and recharging. It is the latter quality which the inventor claims as its capital advantage. A thing absolutely necessary for the perfect working of filter, and allowing the same to be kept in a clean and wholesome state at all times with little care or expense. . . .

Since modern investigation has demonstrated, beyond doubt, that filtering media are soon exhausted, and then form nests for the propagation of bacterial life instead of means for suppressing it. Cf. P. F. Frankland, New Aspects of Filtration, etc., Journal Society Chemical Industry, 1885, p. 698. Frequent cleansing and recharging of filters must immediately be undertaken even if the water should continue to pass off tolerably clear.

In this respect the Himrod filter offers advantages your sub-committee have not yet met with in any other filter sold for like purposes, and as it is adapted to connect with any water-cooler in the market, your sub-committee would heartily recommend it to all consumers of ice-water.

Otto Luthy,
G. Margen Eldrige,
A. R. Heyl, Chairman.

Adopted Sept. 1, 1886.